

Wisconsin Hospice Directory

1999

October 2000

Bureau of Health Information
Division of Health Care Financing
Department of Health and Family Services

FOREWORD

This report presents detailed information on individual hospices in Wisconsin. The data were drawn from the 1999 Annual Survey of Hospices, conducted by the Bureau of Health Information, Division of Health Care Financing (DHCF), in cooperation with Wisconsin-licensed hospices; the Bureau of Fee-for-Service Health Care Benefits, DHCF; and the Bureau of Quality Assurance, Division of Supportive Living.

The Hospice Organization of Wisconsin (HOW) has endorsed this survey, which represents the first time that data have been collected on all Wisconsin hospices and their patients. Sincere appreciation is expressed to all hospices for their cooperation in completing the survey.

This directory was produced by the Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. Kitty Klement and Jane Conner, research analysts, prepared the directory. They also coordinated and implemented the data collection and editing activities. Lu Ann Hahn and Kim Voss, research technicians, participated in the survey follow-up process. The directory was prepared under the overall direction of Barbara Rudolph, Director, and Sandra Breitborde, Deputy Director, Bureau of Health Information.

Inquiries regarding the information presented in this publication should be directed to the Bureau of Health Information, Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309, or telephone (608) 267-9055.

To obtain an additional copy of this directory, please send a \$5.00 check, (made payable to the Division of Health Care Financing), along with a note requesting the 1999 Hospice Directory, to the following address:

Bureau of Health Information
Division of Health Care Financing
ATTN: Joan Gugel
P.O. Box 309
Madison WI 53701-0309

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INTRODUCTION

As part of its responsibility to collect and disseminate information on Wisconsin's health facilities, the Department of Health and Family Services in 2000 began systematically collecting information about the characteristics of hospices and the patients they serve. Data for 1999 were obtained from the first Annual Survey of Hospices. The purpose of the survey is to meet the common information needs identified by a partnership comprised of the Hospice Organization of Wisconsin (HOW), the Bureau of Fee-for-Service Health Care Benefits, Division of Health Care Financing, and the Bureau of Quality Assurance, Division of Supportive Living; as well as hospice administrators, public and private health care professionals, and other interested citizens.

This directory presents individual data for each of the 60 hospices that submitted a 1999 survey (all hospices licensed by the State of Wisconsin to operate in the state in 1999). Hospice profiles are organized alphabetically by county of location, and by city within each county. The indices included at the back of this directory list all hospices statewide by county, city, name of hospice, and license number assigned to each hospice by the Bureau of Quality Assurance, Division of Supportive Living.

Data contained in each profile are hospice-specific and appear most frequently in the form of percentages. Caution should be used when comparing percentages for hospices with small numbers of patients because of the high potential for variability. Throughout these profiles, a " ." in any category indicates that the data for that item were not provided by the hospice.

The following information is presented for each hospice:

1. A description of hospice characteristics such as licensure, ownership, Title 18 (Medicare) and Title 19 (Medicaid) certification, and identifying information (name, address, city, zip code, county, telephone number and license number).
2. Measures of hospice utilization such as admissions, discharges, average daily census and number of patients served.
3. The percentage distribution of resident characteristics (such as age, sex, length of stay, level of care, diagnosis, and deaths).

To assist the reader in converting the percentages shown in each profile to a comparable number of patients, the following example is provided using data from the Regional Hospice Services in Ashland (Page 1). To calculate the number of patients served by this hospice who were age 65 to 74, divide the percentage for the age group (26.2%) by 100 (.262) and multiply the result by the total number of patients served during the year (210). The product (.262 x 210) is 55.02, which when rounded to 55 is the number of unduplicated patients age 65 to 74 served by this hospice during the 1999 calendar year.

Hospice Profiles

Regional Hospice Services
2101 Beaser Avenue
Ashland WI 54806

License Number: 526
County: Ashland
(715) 682-8677

Page 1

Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	26
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	210
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	27

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	0.5%	Malignant neoplasm		Physician	51.9%
20 to 54	7.6	(cancer)	79.5%	Hospital	9.5
55 to 64	11.9	End-stage cardio-		Self-referral	5.7
65 to 74	26.2	vascular disease	8.1	Patient's family	22.4
75 to 84	41.0	End-stage pulmonary		Home health agency	6.2
85 to 94	12.4	disease	2.9	Other	4.3
95 & over	0.5	Renal failure/end-stage		Total Patients	210
Total Patients	210	kidney disease	1.4		
		Diabetes	0.5		
Male	54.3%	Alzheimer's disease	1.4	PATIENT DAYS BY	
Female	45.7	AIDS	0.0	LEVEL OF CARE	
Total Patients	210	ALS	1.4		
		Other	4.8	Routine home care	98.4%
		Total Patients	210	Continuous care	0.1
				Inpatient care: acute	
				symptom mgmt.	1.1
				Respite care	0.5
				Total Patient Days	9,894
TOTAL ADMISSIONS:	191				
		ADMISSIONS BY			
TOTAL DISCHARGES:	194	PAY SOURCE		12/31/99 CASELOAD	
				BY LIVING ARRANGEMENTS	
		Medicare	88.0%		
		Medicaid	4.2	Home/private	
REASON FOR		Medicare/Medicaid	0.0	residence	96.2%
DISCHARGE:		Managed Care/HMO	0.0	Nursing home	3.8
		PACE/Partnership	0.0	Hospice residential	
Hospice care not		Private Insurance	5.8	facility	0.0
appropriate	2.1%	Self Pay	1.0	Assisted living:	
Transferred:		Other	1.0	Residential care	
provided by		Total Admissions	191	apartment complex	0.0
another hospice	1.5			Adult family home	0.0
Revocation of				Community-based	
hospice benefit	7.2			residential facility	0.0
Other	0.0			Inpatient facility	0.0
Deaths	89.2			Other site	0.0
Total Discharges	194			12/31/99 Caseload	26
		DEATHS BY SITE			
		OF OCCURRENCE			
		Home/private residence	91.9%	12/31/99 CASELOAD	
		Nursing home	7.5	BY PAY SOURCE	
		Hospice residential			
		facility	0.0	Medicare	76.9%
1 - 7 days	25.3%	Assisted living:		Medicaid	0.0
8 - 14 days	18.0	Residential care		Medicare/Medicaid	0.0
15 - 30 days	13.9	apartment complex	0.0	Managed Care/HMO	0.0
31 - 60 days	14.9	Adult family home	0.0	PACE/Partnership	0.0
61 - 90 days	9.3	Community-based		Private Insurance	15.4
91 - 180 days	6.2	residential facility	0.6	Self Pay	7.7
181 - 1 year	5.2	Inpatient facility	0.0	Other	0.0
1 yr. or more	7.2	Other site	0.0		
Total Discharges	194	Total Deaths	173	12/31/99 Caseload	26

Lakeview Medical Center
1100 North Main Street, PO Box 71
Rice Lake WI 54868

License Number: 555
County: Barron
(715) 236-6256

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	2
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	58
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	5

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	0.0%	Malignant neoplasm		Physician	34.5%
20 to 54	3.4	(cancer)	86.2%	Hospital	15.5
55 to 64	17.2	End-stage cardio-		Self-referral	0.0
65 to 74	32.8	vascular disease	6.9	Patient's family	19.0
75 to 84	27.6	End-stage pulmonary		Home health agency	25.9
85 to 94	17.2	disease	1.7	Other	5.2
95 & over	1.7	Renal failure/end-stage		Total Patients	58
Total Patients	58	kidney disease	0.0		
		Diabetes	0.0		
Male	56.9%	Alzheimer's disease	0.0	PATIENT DAYS BY	
Female	43.1	AIDS	0.0	LEVEL OF CARE	
Total Patients	58	ALS	0.0		
		Other	5.2	Routine home care	95.5%
		Total Patients	58	Continuous care	0.0
				Inpatient care: acute	
				symptom mgmt.	2.9
TOTAL ADMISSIONS:	54			Respite care	1.6
				Total Patient Days	1,795
		ADMISSIONS BY			
TOTAL DISCHARGES:	59	PAY SOURCE		12/31/99 CASELOAD	
		Medicare	75.9%	BY LIVING ARRANGEMENTS	
		Medicaid	0.0		
REASON FOR		Medicare/Medicaid	0.0	Home/private	
DISCHARGE:		Managed Care/HMO	1.9	residence	50.0%
		PACE/Partnership	0.0	Nursing home	0.0
Hospice care not		Private Insurance	20.4	Hospice residential	
appropriate	3.4%	Self Pay	0.0	facility	0.0
Transferred:		Other	1.9	Assisted living:	
provided by		Total Admissions	54	Residential care	
another hospice	1.7			apartment complex	50.0
Revocation of				Adult family home	0.0
hospice benefit	6.8			Community-based	
Other	1.7			residential facility	0.0
Deaths	86.4	DEATHS BY SITE		Inpatient facility	0.0
Total Discharges	59	OF OCCURRENCE		Other site	0.0
				12/31/99 Caseload	2
		Home/private residence	86.3%		
DISCHARGES BY		Nursing home	0.0	12/31/99 CASELOAD	
LENGTH OF STAY		Hospice residential		BY PAY SOURCE	
		facility	0.0		
1 - 7 days	35.6%	Assisted living:		Medicare	50.0%
8 - 14 days	18.6	Residential care		Medicaid	0.0
15 - 30 days	16.9	apartment complex	0.0	Medicare/Medicaid	0.0
31 - 60 days	11.9	Adult family home	0.0	Managed Care/HMO	0.0
61 - 90 days	6.8	Community-based		PACE/Partnership	0.0
91 - 180 days	8.5	residential facility	0.0	Private Insurance	50.0
181 - 1 year	0.0	Inpatient facility	13.7	Self Pay	0.0
1 yr. or more	1.7	Other site	0.0	Other	0.0
Total Discharges	59	Total Deaths	51	12/31/99 Caseload	2

Unity Hospice
916 Willard Drive, Suite 100
Green Bay WI 54324

License Number: 1503
County: Brown
(920) 494-0225

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	91
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	637
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	86

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.5%
20 to 54	9.7
55 to 64	13.0
65 to 74	24.3
75 to 84	32.2
85 to 94	18.4
95 & over	1.9
Total Patients	637
Male	49.8%
Female	50.2
Total Patients	637

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	66.2%
End-stage cardio-vascular disease	15.5
End-stage pulmonary disease	6.1
Renal failure/end-stage kidney disease	1.9
Diabetes	0.0
Alzheimer's disease	1.9
AIDS	0.3
ALS	0.3
Other	7.7
Total Patients	637

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	35.6%
Hospital	36.7
Self-referral	0.5
Patient's family	14.9
Home health agency	2.4
Other	9.9
Total Patients	637

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	98.2%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	1.2
Respite care	0.7
Total Patient Days	31,533

TOTAL ADMISSIONS: 571

TOTAL DISCHARGES: 555

**ADMISSIONS BY
PAY SOURCE**

Medicare	76.4%
Medicaid	1.9
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	16.8
Self Pay	4.9
Other	0.0
Total Admissions	571

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	3.2%
Transferred: provided by another hospice	0.7
Revocation of hospice benefit	4.1
Other	0.0
Deaths	91.9
Total Discharges	555

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	60.2%
Nursing home	18.6
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	6.7
Inpatient facility	14.5
Other site	0.0
Total Deaths	510

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	23.1%
8 - 14 days	16.4
15 - 30 days	20.0
31 - 60 days	17.3
61 - 90 days	9.0
91 - 180 days	9.0
181 - 1 year	4.0
1 yr. or more	1.3
Total Discharges	555

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	84.6%
Nursing home	12.1
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	2.2
Inpatient facility	1.1
Other site	0.0
12/31/99 Caseload	91

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	70.3%
Medicaid	3.3
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	17.6
Self Pay	8.8
Other	0.0
12/31/99 Caseload	91

Calumet County Hospice Agency
206 Court Street
Chilton WI 53014

License Number: 557
County: Calumet
(920) 849-1424

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Ownership of Hospice	Governmental	December 31, 1999 Caseload:	0
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	13
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	2

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	0.0%	Malignant neoplasm		Physician	30.8%
20 to 54	0.0	(cancer)	100.0%	Hospital	30.8
55 to 64	7.7	End-stage cardio-		Self-referral	0.0
65 to 74	38.5	vascular disease	0.0	Patient's family	23.1
75 to 84	38.5	End-stage pulmonary		Home health agency	7.7
85 to 94	15.4	disease	0.0	Other	7.7
95 & over	0.0	Renal failure/end-stage		Total Patients	13
Total Patients	13	kidney disease	0.0		
		Diabetes	0.0		
Male	61.5%	Alzheimer's disease	0.0	PATIENT DAYS BY	
Female	38.5	AIDS	0.0	LEVEL OF CARE	
Total Patients	13	ALS	0.0	Routine home care	99.8%
		Other	0.0	Continuous care	0.0
		Total Patients	13	Inpatient care: acute	
				symptom mgmt.	0.0
TOTAL ADMISSIONS:	8			Respite care	0.2
				Total Patient Days	565
		ADMISSIONS BY			
TOTAL DISCHARGES:	13	PAY SOURCE		12/31/99 CASELOAD	
		Medicare	87.5%	BY LIVING ARRANGEMENTS	
		Medicaid	0.0	Home/private	
REASON FOR		Medicare/Medicaid	0.0	residence	0.0%
DISCHARGE:		Managed Care/HMO	0.0	Nursing home	0.0
Hospice care not		PACE/Partnership	0.0	Hospice residential	
appropriate	7.7%	Private Insurance	12.5	facility	0.0
Transferred:		Self Pay	0.0	Assisted living:	
provided by		Other	0.0	Residential care	
another hospice	0.0	Total Admissions	8	apartment complex	0.0
Revocation of				Adult family home	0.0
hospice benefit	7.7			Community-based	
Other	0.0			residential facility	0.0
Deaths	84.6	DEATHS BY SITE		Inpatient facility	0.0
Total Discharges	13	OF OCCURRENCE		Other site	0.0
				12/31/99 Caseload	0
		Home/private residence	90.9%		
DISCHARGES BY		Nursing home	0.0	12/31/99 CASELOAD	
LENGTH OF STAY		Hospice residential		BY PAY SOURCE	
		facility	0.0	Medicare	0.0%
1 - 7 days	15.4%	Assisted living:		Medicaid	0.0
8 - 14 days	7.7	Residential care		Medicare/Medicaid	0.0
15 - 30 days	7.7	apartment complex	0.0	Managed Care/HMO	0.0
31 - 60 days	46.2	Adult family home	0.0	PACE/Partnership	0.0
61 - 90 days	15.4	Community-based		Private Insurance	0.0
91 - 180 days	0.0	residential facility	0.0	Self Pay	0.0
181 - 1 year	7.7	Inpatient facility	0.0	Other	0.0
1 yr. or more	0.0	Other site	9.1	12/31/99 Caseload	0
Total Discharges	13	Total Deaths	11		

Calumet Medical Center-Hospice
614 Memorial Drive
Chilton WI 53014

License Number: 554
County: Calumet
(920) 849-7505

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	2
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	24
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	2

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	8.3
55 to 64	16.7
65 to 74	20.8
75 to 84	25.0
85 to 94	29.2
95 & over	0.0
Total Patients	24
Male	54.2%
Female	45.8
Total Patients	24

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	79.2%
End-stage cardiovascular disease	4.2
End-stage pulmonary disease	0.0
Renal failure/end-stage kidney disease	0.0
Diabetes	0.0
Alzheimer's disease	8.3
AIDS	0.0
ALS	4.2
Other	4.2
Total Patients	24

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	33.3%
Hospital	8.3
Self-referral	4.2
Patient's family	16.7
Home health agency	29.2
Other	8.3
Total Patients	24

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.1%
Continuous care	0.2
Inpatient care: acute symptom mgmt.	0.3
Respite care	0.3
Total Patient Days	877

TOTAL ADMISSIONS: 22

TOTAL DISCHARGES: 22

**ADMISSIONS BY
PAY SOURCE**

Medicare	72.7%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	27.3
Self Pay	0.0
Other	0.0
Total Admissions	22

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	0.0%
Transferred: provided by another hospice	0.0
Revocation of hospice benefit	0.0
Other	0.0
Deaths	100.0
Total Discharges	22

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	90.9%
Nursing home	0.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	9.1
Total Deaths	22

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	50.0%
Nursing home	0.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	50.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	2

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	36.4%
8 - 14 days	18.2
15 - 30 days	18.2
31 - 60 days	22.7
61 - 90 days	4.5
91 - 180 days	0.0
181 - 1 year	0.0
1 yr. or more	0.0
Total Discharges	22

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	100.0%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	0.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	2

St. Joseph's Hospice
2661 County Highway I
Chippewa Falls WI 54729

License Number: 1524
County: Chippewa
(715) 726-3485

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	10
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	110
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	11

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	1.8%
20 to 54	7.3
55 to 64	13.6
65 to 74	20.9
75 to 84	33.6
85 to 94	22.7
95 & over	0.0
Total Patients	110
Male	51.8%
Female	48.2
Total Patients	110

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	80.0%
End-stage cardio- vascular disease	6.4
End-stage pulmonary disease	8.2
Renal failure/end-stage kidney disease	1.8
Diabetes	0.9
Alzheimer's disease	0.9
AIDS	0.0
ALS	0.0
Other	1.8
Total Patients	110

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	96.4%
Hospital	0.0
Self-referral	0.0
Patient's family	0.0
Home health agency	0.0
Other	3.6
Total Patients	110

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	98.6%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	1.1
Respite care	0.2
Total Patient Days	4,174

TOTAL ADMISSIONS: 101

TOTAL DISCHARGES: 101

**ADMISSIONS BY
PAY SOURCE**

Medicare	80.2%
Medicaid	2.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	14.9
Self Pay	3.0
Other	0.0
Total Admissions	101

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	2.0%
Transferred: provided by another hospice	0.0
Revocation of hospice benefit	2.0
Other	0.0
Deaths	96.0
Total Discharges	101

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	100.0%
Nursing home	0.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	10

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	93.8%
Nursing home	0.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	6.2
Total Deaths	97

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	28.7%
8 - 14 days	13.9
15 - 30 days	24.8
31 - 60 days	16.8
61 - 90 days	6.9
91 - 180 days	6.9
181 - 1 year	2.0
1 yr. or more	0.0
Total Discharges	101

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	70.0%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	20.0
Self Pay	10.0
Other	0.0
12/31/99 Caseload	10

Prairie du Chien Hospice
705 East Taylor Street
Prairie du Chien WI 53821

License Number: 1513
County: Crawford
(608) 357-2000

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	22
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	136
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	15

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	1.5%
20 to 54	4.4
55 to 64	9.6
65 to 74	29.4
75 to 84	30.9
85 to 94	21.3
95 & over	2.9
Total Patients	136
Male	53.7%
Female	46.3
Total Patients	136

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	58.1%
End-stage cardio- vascular disease	20.6
End-stage pulmonary disease	9.6
Renal failure/end-stage kidney disease	3.7
Diabetes	0.0
Alzheimer's disease	0.0
AIDS	0.0
ALS	0.0
Other	8.1
Total Patients	136

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	89.7%
Hospital	5.1
Self-referral	0.0
Patient's family	1.5
Home health agency	2.2
Other	1.5
Total Patients	136

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	84.8%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	13.6
Respite care	1.6
Total Patient Days	5,386

TOTAL ADMISSIONS: 123

TOTAL DISCHARGES: 115

**ADMISSIONS BY
PAY SOURCE**

Medicare	86.2%
Medicaid	2.4
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	11.4
Self Pay	0.0
Other	0.0
Total Admissions	123

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	3.5%
Transferred: provided by another hospice	0.0
Revocation of hospice benefit	5.2
Other	0.0
Deaths	91.3
Total Discharges	115

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	28.6%
Nursing home	11.4
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	1.0
Inpatient facility	59.0
Other site	0.0
Total Deaths	105

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	45.5%
Nursing home	40.9
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	4.5
Other site	9.1
12/31/99 Caseload	22

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	32.2%
8 - 14 days	16.5
15 - 30 days	17.4
31 - 60 days	16.5
61 - 90 days	7.0
91 - 180 days	5.2
181 - 1 year	2.6
1 yr. or more	2.6
Total Discharges	115

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	95.5%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	4.5
Self Pay	0.0
Other	0.0
12/31/99 Caseload	22

Hospicecare, Inc.
2802 Coho Street, Suite 100
Madison WI 53713

License Number: 1505
County: Dane
(608) 276-4660

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	149
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	787
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	137

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.6%
20 to 54	10.8
55 to 64	16.3
65 to 74	24.5
75 to 84	31.0
85 to 94	15.5
95 & over	1.3
Total Patients	787
Male	47.8%
Female	52.2
Total Patients	787

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	71.5%
End-stage cardio-vascular disease	14.1
End-stage pulmonary disease	0.9
Renal failure/end-stage kidney disease	1.8
Diabetes	0.0
Alzheimer's disease	4.4
AIDS	0.6
ALS	0.9
Other	5.7
Total Patients	787

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	49.4%
Hospital	20.7
Self-referral	1.0
Patient's family	16.3
Home health agency	3.4
Other	9.1
Total Patients	787

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	98.3%
Continuous care	0.1
Inpatient care: acute symptom mgmt.	1.3
Respite care	0.3
Total Patient Days	49,996

TOTAL ADMISSIONS: 697

TOTAL DISCHARGES: 665

**ADMISSIONS BY
PAY SOURCE**

Medicare	69.6%
Medicaid	2.4
Medicare/Medicaid	1.9
Managed Care/HMO	14.3
PACE/Partnership	0.0
Private Insurance	9.5
Self Pay	0.1
Other	2.2
Total Admissions	697

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	5.9%
Transferred: provided by another hospice	0.3
Revocation of hospice benefit	5.7
Other	0.3
Deaths	87.8
Total Discharges	665

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	75.0%
Nursing home	8.4
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	11.3
Inpatient facility	5.3
Other site	0.0
Total Deaths	584

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	87.9%
Nursing home	2.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	8.7
Inpatient facility	1.3
Other site	0.0
12/31/99 Caseload	149

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	20.5%
8 - 14 days	12.9
15 - 30 days	19.8
31 - 60 days	15.6
61 - 90 days	12.6
91 - 180 days	8.7
181 - 1 year	6.8
1 yr. or more	3.0
Total Discharges	665

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	71.1%
Medicaid	2.0
Medicare/Medicaid	1.3
Managed Care/HMO	6.7
PACE/Partnership	0.0
Private Insurance	12.1
Self Pay	0.7
Other	6.0
12/31/99 Caseload	149

Hillside Home Care/Hospice
709 South University Avenue
Beaver Dam WI 53916

License Number: 1518
County: Dodge
(920) 887-4050

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	8
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	76
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	10

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	9.2
55 to 64	9.2
65 to 74	19.7
75 to 84	42.1
85 to 94	18.4
95 & over	1.3
Total Patients	76
Male	57.9%
Female	42.1
Total Patients	76

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	86.8%
End-stage cardiovascular disease	6.6
End-stage pulmonary disease	2.6
Renal failure/end-stage kidney disease	1.3
Diabetes	0.0
Alzheimer's disease	1.3
AIDS	0.0
ALS	1.3
Other	0.0
Total Patients	76

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	55.3%
Hospital	28.9
Self-referral	0.0
Patient's family	6.6
Home health agency	3.9
Other	5.3
Total Patients	76

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.6%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.0
Respite care	0.4
Total Patient Days	3,655

TOTAL ADMISSIONS: 67

TOTAL DISCHARGES: 69

**ADMISSIONS BY
PAY SOURCE**

Medicare	80.6%
Medicaid	4.5
Medicare/Medicaid	0.0
Managed Care/HMO	4.5
PACE/Partnership	0.0
Private Insurance	10.4
Self Pay	0.0
Other	0.0
Total Admissions	67

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	0.0%
Transferred: provided by another hospice	1.4
Revocation of hospice benefit	5.8
Other	0.0
Deaths	92.8
Total Discharges	69

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	65.6%
Nursing home	21.9
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	7.8
Inpatient facility	4.7
Other site	0.0
Total Deaths	64

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	75.0%
Nursing home	12.5
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	12.5
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	8

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	24.6%
8 - 14 days	14.5
15 - 30 days	18.8
31 - 60 days	18.8
61 - 90 days	7.2
91 - 180 days	7.2
181 - 1 year	7.2
1 yr. or more	1.4
Total Discharges	69

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	100.0%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	0.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	8

Northwest Wisconsin Homecare Hospice
 2620 Stein Blvd., Box 2060
 Eau Claire WI 54702

License Number: 1519
 County: Eau Claire
 (715) 831-0100

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	20
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	146
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	20

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.7%
20 to 54	9.6
55 to 64	11.6
65 to 74	21.9
75 to 84	34.2
85 to 94	19.2
95 & over	2.7
Total Patients	146
Male	50.7%
Female	49.3
Total Patients	146

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	71.9%
End-stage cardiovascular disease	7.5
End-stage pulmonary disease	9.6
Renal failure/end-stage kidney disease	3.4
Diabetes	0.0
Alzheimer's disease	1.4
AIDS	0.0
ALS	2.7
Other	3.4
Total Patients	146

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	30.1%
Hospital	32.2
Self-referral	7.5
Patient's family	15.8
Home health agency	6.8
Other	7.5
Total Patients	146

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	94.3%
Continuous care	5.3
Inpatient care: acute symptom mgmt.	0.2
Respite care	0.3
Total Patient Days	7,452

TOTAL ADMISSIONS: 145

TOTAL DISCHARGES: 140

**ADMISSIONS BY
PAY SOURCE**

Medicare	80.7%
Medicaid	3.4
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	15.9
Self Pay	0.0
Other	0.0
Total Admissions	145

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	0.0%
Transferred: provided by another hospice	0.7
Revocation of hospice benefit	0.0
Other	19.3
Deaths	80.0
Total Discharges	140

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	95.5%
Nursing home	2.7
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	1.8
Other site	0.0
Total Deaths	112

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	20.7%
8 - 14 days	17.9
15 - 30 days	20.7
31 - 60 days	20.7
61 - 90 days	7.1
91 - 180 days	8.6
181 - 1 year	2.9
1 yr. or more	1.4
Total Discharges	140

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	75.0%
Nursing home	10.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	15.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	20

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	95.0%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	5.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	20

St. Agnes Hospital Hospice Hope
 239 Trowbridge, Box 385
 Fond du Lac WI 54936

License Number: 1512
 County: Fond du Lac
 (920) 923-7950

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	35
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	366
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	56

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.8%
20 to 54	6.8
55 to 64	16.4
65 to 74	30.1
75 to 84	28.7
85 to 94	16.4
95 & over	0.8
Total Patients	366
Male	45.9%
Female	54.1
Total Patients	366

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	76.0%
End-stage cardio- vascular disease	9.6
End-stage pulmonary disease	4.6
Renal failure/end-stage kidney disease	3.3
Diabetes	1.1
Alzheimer's disease	2.7
AIDS	0.0
ALS	0.0
Other	2.7
Total Patients	366

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	21.9%
Hospital	33.9
Self-referral	4.4
Patient's family	15.0
Home health agency	24.9
Other	0.0
Total Patients	366

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.8%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.0
Respite care	0.1
Total Patient Days	20,440

TOTAL ADMISSIONS: 328

TOTAL DISCHARGES: 337

**ADMISSIONS BY
PAY SOURCE**

Medicare	74.7%
Medicaid	3.4
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	20.4
Self Pay	0.0
Other	1.5
Total Admissions	328

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	8.0%
Transferred: provided by another hospice	4.5
Revocation of hospice benefit	1.5
Other	0.0
Deaths	86.1
Total Discharges	337

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	76.9%
Nursing home	9.7
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	5.5
Inpatient facility	7.9
Other site	0.0
Total Deaths	290

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	20.5%
8 - 14 days	13.9
15 - 30 days	17.5
31 - 60 days	19.6
61 - 90 days	11.9
91 - 180 days	10.1
181 - 1 year	4.5
1 yr. or more	2.1
Total Discharges	337

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	91.4%
Nursing home	8.6
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	35

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	68.6%
Medicaid	2.9
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	25.7
Self Pay	0.0
Other	2.9
12/31/99 Caseload	35

Grant County Hospice
125 South Monroe Street
Lancaster WI 53813

License Number: 516
County: Grant
(608) 723-6416

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Ownership of Hospice	Governmental	December 31, 1999 Caseload:	4
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	51
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	6

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	7.8
55 to 64	15.7
65 to 74	27.5
75 to 84	25.5
85 to 94	19.6
95 & over	3.9
Total Patients	51
Male	60.8%
Female	39.2
Total Patients	51

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	74.5%
End-stage cardio-vascular disease	11.8
End-stage pulmonary disease	3.9
Renal failure/end-stage kidney disease	3.9
Diabetes	0.0
Alzheimer's disease	0.0
AIDS	0.0
ALS	0.0
Other	5.9
Total Patients	51

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	39.2%
Hospital	27.5
Self-referral	7.8
Patient's family	13.7
Home health agency	0.0
Other	11.8
Total Patients	51

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.1%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.5
Respite care	0.4
Total Patient Days	2,080

TOTAL ADMISSIONS: 49

TOTAL DISCHARGES: 51

**ADMISSIONS BY
PAY SOURCE**

Medicare	77.6%
Medicaid	4.1
Medicare/Medicaid	0.0
Managed Care/HMO	2.0
PACE/Partnership	0.0
Private Insurance	16.3
Self Pay	0.0
Other	0.0
Total Admissions	49

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	3.9%
Transferred: provided by another hospice	3.9
Revocation of hospice benefit	11.8
Other	0.0
Deaths	80.4
Total Discharges	51

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	73.2%
Nursing home	19.5
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	7.3
Other site	0.0
Total Deaths	41

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	75.0%
Nursing home	25.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	4

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	35.3%
8 - 14 days	15.7
15 - 30 days	19.6
31 - 60 days	15.7
61 - 90 days	2.0
91 - 180 days	5.9
181 - 1 year	3.9
1 yr. or more	2.0
Total Discharges	51

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	50.0%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	50.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	4

The Monroe Clinic Hospice
 515 22nd Avenue
 Monroe WI 53566

License Number: 1523
 County: Green
 (608) 324-1230

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	18
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	83
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	13

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	1.2%
20 to 54	1.2
55 to 64	9.6
65 to 74	21.7
75 to 84	44.6
85 to 94	19.3
95 & over	2.4
Total Patients	83
Male	51.8%
Female	48.2
Total Patients	83

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	66.3%
End-stage cardio-vascular disease	7.2
End-stage pulmonary disease	15.7
Renal failure/end-stage kidney disease	1.2
Diabetes	0.0
Alzheimer's disease	8.4
AIDS	0.0
ALS	0.0
Other	1.2
Total Patients	83

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	96.4%
Hospital	0.0
Self-referral	0.0
Patient's family	2.4
Home health agency	0.0
Other	1.2
Total Patients	83

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.0%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.0
Respite care	1.0
Total Patient Days	4,778

TOTAL ADMISSIONS: 77

TOTAL DISCHARGES: 70

**ADMISSIONS BY
PAY SOURCE**

Medicare	93.5%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	6.5
Self Pay	0.0
Other	0.0
Total Admissions	77

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	17.1%
Transferred: provided by another hospice	1.4
Revocation of hospice benefit	10.0
Other	0.0
Deaths	71.4
Total Discharges	70

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	60.0%
Nursing home	18.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	14.0
Inpatient facility	8.0
Other site	0.0
Total Deaths	50

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	72.2%
Nursing home	11.1
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	16.7
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	18

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	12.9%
8 - 14 days	14.3
15 - 30 days	17.1
31 - 60 days	25.7
61 - 90 days	15.7
91 - 180 days	14.3
181 - 1 year	0.0
1 yr. or more	0.0
Total Discharges	70

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	100.0%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	0.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	18

Lifeline Community Hospice
825 South Iowa Street
Dodgeville WI 53533

License Number: 545
County: Iowa
(608) 935-2411

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	10
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	63
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	10

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	1.6%	Malignant neoplasm		Physician	84.1%
20 to 54	7.9	(cancer)	79.4%	Hospital	6.3
55 to 64	12.7	End-stage cardio-		Self-referral	0.0
65 to 74	25.4	vascular disease	3.2	Patient's family	3.2
75 to 84	34.9	End-stage pulmonary		Home health agency	4.8
85 to 94	17.5	disease	6.3	Other	1.6
95 & over	0.0	Renal failure/end-stage		Total Patients	63
Total Patients	63	kidney disease	0.0		
		Diabetes	0.0		
Male	54.0%	Alzheimer's disease	0.0	PATIENT DAYS BY	
Female	46.0	AIDS	0.0	LEVEL OF CARE	
Total Patients	63	ALS	0.0		
		Other	11.1	Routine home care	97.4%
		Total Patients	63	Continuous care	0.0
				Inpatient care: acute	
				symptom mgmt.	1.0
				Respite care	1.6
				Total Patient Days	3,549
TOTAL ADMISSIONS:	62				
		ADMISSIONS BY			
		PAY SOURCE			
		Medicare	77.4%	12/31/99 CASELOAD	
		Medicaid	1.6	BY LIVING ARRANGEMENTS	
REASON FOR		Medicare/Medicaid	3.2	Home/private	
DISCHARGE:		Managed Care/HMO	6.5	residence	100.0%
Hospice care not		PACE/Partnership	0.0	Nursing home	0.0
appropriate	0.0%	Private Insurance	9.7	Hospice residential	
Transferred:		Self Pay	0.0	facility	0.0
provided by		Other	1.6	Assisted living:	
another hospice	3.6	Total Admissions	62	Residential care	
Revocation of				apartment complex	0.0
hospice benefit	7.1			Adult family home	0.0
Other	0.0			Community-based	
Deaths	89.3			residential facility	0.0
Total Discharges	56			Inpatient facility	0.0
		DEATHS BY SITE		Other site	0.0
		OF OCCURRENCE		12/31/99 Caseload	10
		Home/private residence	72.0%		
DISCHARGES BY		Nursing home	14.0	12/31/99 CASELOAD	
LENGTH OF STAY		Hospice residential		BY PAY SOURCE	
		facility	0.0	Medicare	70.0%
1 - 7 days	17.9%	Assisted living:		Medicaid	0.0
8 - 14 days	17.9	Residential care		Medicare/Medicaid	0.0
15 - 30 days	23.2	apartment complex	0.0	Managed Care/HMO	10.0
31 - 60 days	19.6	Adult family home	0.0	PACE/Partnership	0.0
61 - 90 days	8.9	Community-based		Private Insurance	20.0
91 - 180 days	8.9	residential facility	6.0	Self Pay	0.0
181 - 1 year	3.6	Inpatient facility	8.0	Other	0.0
1 yr. or more	0.0	Other site	0.0		
Total Discharges	56	Total Deaths	50	12/31/99 Caseload	10

Rainbow Hospice Care, Inc.
147 West Rockwell Street
Jefferson WI 53549

License Number: 508
County: Jefferson
(920) 674-6255

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	18
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	143
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	21

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	9.8
55 to 64	14.7
65 to 74	25.9
75 to 84	34.3
85 to 94	14.7
95 & over	0.7
Total Patients	143
Male	52.4%
Female	47.6
Total Patients	143

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	74.1%
End-stage cardio-vascular disease	11.9
End-stage pulmonary disease	3.5
Renal failure/end-stage kidney disease	3.5
Diabetes	0.7
Alzheimer's disease	0.7
AIDS	0.0
ALS	0.0
Other	5.6
Total Patients	143

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	31.5%
Hospital	26.6
Self-referral	0.0
Patient's family	14.0
Home health agency	4.2
Other	23.8
Total Patients	143

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	97.8%
Continuous care	0.1
Inpatient care: acute symptom mgmt.	0.7
Respite care	1.3
Total Patient Days	7,486

TOTAL ADMISSIONS: 137

TOTAL DISCHARGES: 131

**ADMISSIONS BY
PAY SOURCE**

Medicare	71.5%
Medicaid	8.8
Medicare/Medicaid	1.5
Managed Care/HMO	5.8
PACE/Partnership	0.0
Private Insurance	10.9
Self Pay	0.0
Other	1.5
Total Admissions	137

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	7.6%
Transferred: provided by another hospice	2.3
Revocation of hospice benefit	9.2
Other	0.0
Deaths	80.9
Total Discharges	131

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	70.8%
Nursing home	17.9
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	6.6
Inpatient facility	4.7
Other site	0.0
Total Deaths	106

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	77.8%
Nursing home	5.6
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	11.1
Inpatient facility	5.6
Other site	0.0
12/31/99 Caseload	18

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	12.2%
8 - 14 days	19.1
15 - 30 days	22.9
31 - 60 days	19.1
61 - 90 days	7.6
91 - 180 days	13.7
181 - 1 year	4.6
1 yr. or more	0.8
Total Discharges	131

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	66.7%
Medicaid	5.6
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	27.8
Self Pay	0.0
Other	0.0
12/31/99 Caseload	18

Hospice Alliance, Inc.
600 52nd Street
Kenosha WI 53140

License Number: 1502
County: Kenosha
(262) 652-4400

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	36
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	292
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	32

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	4.1
55 to 64	9.9
65 to 74	16.8
75 to 84	33.2
85 to 94	33.6
95 & over	2.4
Total Patients	292
Male	43.8%
Female	56.2
Total Patients	292

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	48.3%
End-stage cardio- vascular disease	24.7
End-stage pulmonary disease	23.3
Renal failure/end-stage kidney disease	1.4
Diabetes	0.0
Alzheimer's disease	1.4
AIDS	0.3
ALS	0.7
Other	0.0
Total Patients	292

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	25.7%
Hospital	32.5
Self-referral	0.7
Patient's family	25.7
Home health agency	15.4
Other	0.0
Total Patients	292

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.8%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.1
Respite care	0.1
Total Patient Days	11,707

TOTAL ADMISSIONS: 275

TOTAL DISCHARGES: 263

**ADMISSIONS BY
PAY SOURCE**

Medicare	86.5%
Medicaid	2.5
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	10.9
Self Pay	0.0
Other	0.0
Total Admissions	275

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	7.2%
Transferred: provided by another hospice	0.4
Revocation of hospice benefit	2.3
Other	0.0
Deaths	90.1
Total Discharges	263

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	69.2%
Nursing home	30.4
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.4
Inpatient facility	0.0
Other site	0.0
Total Deaths	237

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	66.7%
Nursing home	30.6
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	2.8
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	36

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	30.0%
8 - 14 days	19.0
15 - 30 days	19.8
31 - 60 days	18.6
61 - 90 days	7.6
91 - 180 days	2.7
181 - 1 year	1.9
1 yr. or more	0.4
Total Discharges	263

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	91.7%
Medicaid	5.6
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	2.8
Self Pay	0.0
Other	0.0
12/31/99 Caseload	36

Franciscan Skemp Hospice Services
212 South 11th Street
La Crosse WI 54601

License Number: 1507
County: La Crosse
(608) 791-9790

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	12
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	157
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	21

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	7.0
55 to 64	7.6
65 to 74	18.5
75 to 84	33.1
85 to 94	30.6
95 & over	3.2
Total Patients	157
Male	44.6%
Female	55.4
Total Patients	157

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	63.7%
End-stage cardio-vascular disease	10.8
End-stage pulmonary disease	6.4
Renal failure/end-stage kidney disease	1.9
Diabetes	0.0
Alzheimer's disease	1.9
AIDS	0.0
ALS	1.3
Other	14.0
Total Patients	157

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	59.9%
Hospital	12.1
Self-referral	1.3
Patient's family	10.8
Home health agency	3.2
Other	12.7
Total Patients	157

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	97.5%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	1.1
Respite care	1.4
Total Patient Days	7,832

TOTAL ADMISSIONS: 141

TOTAL DISCHARGES: 147

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	3.4%
Transferred: provided by another hospice	1.4
Revocation of hospice benefit	4.8
Other	0.0
Deaths	90.5
Total Discharges	147

**ADMISSIONS BY
PAY SOURCE**

Medicare	87.2%
Medicaid	2.1
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	9.9
Self Pay	0.7
Other	0.0
Total Admissions	141

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	47.4%
Nursing home	39.1
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	1.5
Inpatient facility	12.0
Other site	0.0
Total Deaths	133

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	66.7%
Nursing home	33.3
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	12

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	27.9%
8 - 14 days	13.6
15 - 30 days	17.0
31 - 60 days	14.3
61 - 90 days	11.6
91 - 180 days	9.5
181 - 1 year	6.1
1 yr. or more	0.0
Total Discharges	147

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	83.3%
Medicaid	8.3
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	8.3
Self Pay	0.0
Other	0.0
12/31/99 Caseload	12

Gundersen Lutheran Hospice Program
811 Monitor Street, Suite 101
La Crosse WI 54603

License Number: 528
County: La Crosse
(608) 791-8400

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	23
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	202
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	22

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	6.9
55 to 64	11.4
65 to 74	29.2
75 to 84	35.1
85 to 94	14.4
95 & over	3.0
Total Patients	202
Male	48.0%
Female	52.0
Total Patients	202

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	68.3%
End-stage cardio- vascular disease	14.9
End-stage pulmonary disease	3.5
Renal failure/end-stage kidney disease	1.5
Diabetes	0.5
Alzheimer's disease	0.0
AIDS	0.0
ALS	0.5
Other	10.9
Total Patients	202

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	54.0%
Hospital	19.3
Self-referral	1.5
Patient's family	0.5
Home health agency	0.5
Other	24.3
Total Patients	202

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	98.6%
Continuous care	0.1
Inpatient care: acute symptom mgmt.	0.1
Respite care	1.2
Total Patient Days	7,886

TOTAL ADMISSIONS: 183

TOTAL DISCHARGES: 183

**ADMISSIONS BY
PAY SOURCE**

Medicare	76.5%
Medicaid	3.8
Medicare/Medicaid	4.9
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	14.2
Self Pay	0.5
Other	0.0
Total Admissions	183

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	2.7%
Transferred: provided by another hospice	0.0
Revocation of hospice benefit	2.2
Other	0.0
Deaths	95.1
Total Discharges	183

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	75.3%
Nursing home	18.4
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	6.3
Total Deaths	174

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	87.0%
Nursing home	13.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	23

**DISCHARGES BY
LENGTH OF STAY_**

1 - 7 days	25.1%
8 - 14 days	12.0
15 - 30 days	17.5
31 - 60 days	20.8
61 - 90 days	7.1
91 - 180 days	14.2
181 - 1 year	3.3
1 yr. or more	0.0
Total Discharges	183

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	78.3%
Medicaid	4.3
Medicare/Medicaid	8.7
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	8.7
Self Pay	0.0
Other	0.0
12/31/99 Caseload	23

Lafayette County Hospice
729 Clay Street, PO Box 118
Darlington WI 53530

License Number: 538
County: Lafayette
(608) 776-4895

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Ownership of Hospice	Governmental	December 31, 1999 Caseload:	3
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	19
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	3

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	5.3%	Malignant neoplasm		Physician	47.4%
20 to 54	5.3	(cancer)	78.9%	Hospital	15.8
55 to 64	10.5	End-stage cardio-		Self-referral	0.0
65 to 74	47.4	vascular disease	5.3	Patient's family	21.1
75 to 84	21.1	End-stage pulmonary		Home health agency	5.3
85 to 94	10.5	disease	0.0	Other	10.5
95 & over	0.0	Renal failure/end-stage		Total Patients	19
Total Patients	19	kidney disease	5.3		
		Diabetes	0.0		
Male	57.9%	Alzheimer's disease	10.5	PATIENT DAYS BY	
Female	42.1	AIDS	0.0	LEVEL OF CARE	
Total Patients	19	ALS	0.0	Routine home care	97.5%
		Other	0.0	Continuous care	0.0
		Total Patients	19	Inpatient care: acute	
				symptom mgmt.	1.5
TOTAL ADMISSIONS:	17			Respite care	1.0
				Total Patient Days	1,010
		ADMISSIONS BY			
TOTAL DISCHARGES:	17	PAY SOURCE		12/31/99 CASELOAD	
		Medicare	64.7%	BY LIVING ARRANGEMENTS	
		Medicaid	0.0	Home/private	
REASON FOR		Medicare/Medicaid	5.9	residence	66.7%
DISCHARGE:		Managed Care/HMO	5.9	Nursing home	0.0
Hospice care not		PACE/Partnership	0.0	Hospice residential	
appropriate	5.9%	Private Insurance	17.6	facility	0.0
Transferred:		Self Pay	5.9	Assisted living:	
provided by		Other	0.0	Residential care	
another hospice	0.0	Total Admissions	17	apartment complex	0.0
Revocation of				Adult family home	0.0
hospice benefit	11.8			Community-based	
Other	0.0			residential facility	33.3
Deaths	82.4	DEATHS BY SITE		Inpatient facility	0.0
Total Discharges	17	OF OCCURRENCE		Other site	0.0
				12/31/99 Caseload	3
		Home/private residence	57.1%		
DISCHARGES BY		Nursing home	21.4	12/31/99 CASELOAD	
LENGTH OF STAY		Hospice residential		BY PAY SOURCE	
1 - 7 days	17.6%	facility	0.0	Medicare	66.7%
8 - 14 days	5.9	Assisted living:		Medicaid	0.0
15 - 30 days	35.3	Residential care		Medicare/Medicaid	0.0
31 - 60 days	11.8	apartment complex	0.0	Managed Care/HMO	33.3
61 - 90 days	11.8	Adult family home	0.0	PACE/Partnership	0.0
91 - 180 days	5.9	Community-based		Private Insurance	0.0
181 - 1 year	5.9	residential facility	0.0	Self Pay	0.0
1 yr. or more	5.9	Inpatient facility	21.4	Other	0.0
Total Discharges	17	Other site	0.0	12/31/99 Caseload	3
		Total Deaths	14		

LeRoyer Hospice
112 5th Avenue
Antigo WI 54409

License Number: 524
County: Langlade
(715) 623-2331

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	9
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	62
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	8

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	1.6%
20 to 54	6.5
55 to 64	8.1
65 to 74	27.4
75 to 84	33.9
85 to 94	21.0
95 & over	1.6
Total Patients	62
Male	48.4%
Female	51.6
Total Patients	62

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	69.4%
End-stage cardio-vascular disease	25.8
End-stage pulmonary disease	1.6
Renal failure/end-stage kidney disease	3.2
Diabetes	0.0
Alzheimer's disease	0.0
AIDS	0.0
ALS	0.0
Other	0.0
Total Patients	62

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	59.7%
Hospital	0.0
Self-referral	8.1
Patient's family	16.1
Home health agency	16.1
Other	0.0
Total Patients	62

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	95.8%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	3.5
Respite care	0.7
Total Patient Days	2,743

TOTAL ADMISSIONS: 54

TOTAL DISCHARGES: 54

**ADMISSIONS BY
PAY SOURCE**

Medicare	88.9%
Medicaid	3.7
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	7.4
Self Pay	0.0
Other	0.0
Total Admissions	54

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	0.0%
Transferred: provided by another hospice	3.7
Revocation of hospice benefit	7.4
Other	0.0
Deaths	88.9
Total Discharges	54

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	70.8%
Nursing home	0.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	4.2
Inpatient facility	25.0
Other site	0.0
Total Deaths	48

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	88.9%
Nursing home	0.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	11.1
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	9

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	29.6%
8 - 14 days	16.7
15 - 30 days	22.2
31 - 60 days	18.5
61 - 90 days	3.7
91 - 180 days	9.3
181 - 1 year	0.0
1 yr. or more	0.0
Total Discharges	54

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	88.9%
Medicaid	11.1
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	0.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	9

Holy Family Medical Hospice
333 Reed Avenue, PO Box 1450
Manitowoc WI 54221

License Number: 1527
County: Manitowoc
(920) 683-8437

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	4
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	57
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	5

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	7.0
55 to 64	10.5
65 to 74	29.8
75 to 84	31.6
85 to 94	21.1
95 & over	0.0
Total Patients	57
Male	43.9%
Female	56.1
Total Patients	57

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	63.2%
End-stage cardio- vascular disease	14.0
End-stage pulmonary disease	3.5
Renal failure/end-stage kidney disease	7.0
Diabetes	0.0
Alzheimer's disease	0.0
AIDS	0.0
ALS	0.0
Other	12.3
Total Patients	57

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	12.3%
Hospital	49.1
Self-referral	3.5
Patient's family	8.8
Home health agency	22.8
Other	3.5
Total Patients	57

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.9%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.1
Respite care	0.0
Total Patient Days	1,702

TOTAL ADMISSIONS: 53

TOTAL DISCHARGES: 53

**ADMISSIONS BY
PAY SOURCE**

Medicare	77.4%
Medicaid	0.0
Medicare/Medicaid	5.7
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	17.0
Self Pay	0.0
Other	0.0
Total Admissions	53

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	0.0%
Transferred: provided by another hospice	0.0
Revocation of hospice benefit	1.9
Other	0.0
Deaths	98.1
Total Discharges	53

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	78.8%
Nursing home	15.4
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	3.8
Inpatient facility	1.9
Other site	0.0
Total Deaths	52

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	32.1%
8 - 14 days	18.9
15 - 30 days	24.5
31 - 60 days	11.3
61 - 90 days	3.8
91 - 180 days	5.7
181 - 1 year	3.8
1 yr. or more	0.0
Total Discharges	53

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	25.0%
Nursing home	25.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	50.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	4

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	75.0%
Medicaid	0.0
Medicare/Medicaid	25.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	0.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	4

Manitowoc County Community Hospice
1004 Washington Street
Manitowoc WI 54220

License Number: 1508
County: Manitowoc
(920) 684-7155

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Ownership of Hospice	Proprietary	December 31, 1999 Caseload:	1
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	15
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	3

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	0.0%	Malignant neoplasm		Physician	0.0%
20 to 54	0.0	(cancer)	60.0%	Hospital	0.0
55 to 64	0.0	End-stage cardio-		Self-referral	0.0
65 to 74	0.0	vascular disease	26.7	Patient's family	100.0
75 to 84	46.7	End-stage pulmonary		Home health agency	0.0
85 to 94	46.7	disease	6.7	Other	0.0
95 & over	6.7	Renal failure/end-stage		Total Patients	15
Total Patients	15	kidney disease	0.0		
		Diabetes	0.0		
Male	40.0%	Alzheimer's disease	6.7	PATIENT DAYS BY	
Female	60.0	AIDS	0.0	LEVEL OF CARE	
Total Patients	15	ALS	0.0	Routine home care	99.8%
		Other	0.0	Continuous care	0.0
		Total Patients	15	Inpatient care: acute	
				symptom mgmt.	0.2
TOTAL ADMISSIONS:	13			Respite care	0.0
				Total Patient Days	938
TOTAL DISCHARGES:	14	ADMISSIONS BY			
		PAY SOURCE		12/31/99 CASELOAD	
		Medicare	100.0%	BY LIVING ARRANGEMENTS	
		Medicaid	0.0	Home/private	
REASON FOR		Medicare/Medicaid	0.0	residence	100.0%
DISCHARGE:		Managed Care/HMO	0.0	Nursing home	0.0
Hospice care not		PACE/Partnership	0.0	Hospice residential	
appropriate	0.0%	Private Insurance	0.0	facility	0.0
Transferred:		Self Pay	0.0	Assisted living:	
provided by		Other	0.0	Residential care	
another hospice	0.0	Total Admissions	13	apartment complex	0.0
Revocation of				Adult family home	0.0
hospice benefit	7.1			Community-based	
Other	0.0			residential facility	0.0
Deaths	92.9	DEATHS BY SITE		Inpatient facility	0.0
Total Discharges	14	OF OCCURRENCE		Other site	0.0
				12/31/99 Caseload	1
DISCHARGES BY		Home/private residence	92.3%	12/31/99 CASELOAD	
LENGTH OF STAY		Nursing home	7.7	BY PAY SOURCE	
		Hospice residential		Medicare	100.0%
		facility	0.0	Medicaid	0.0
1 - 7 days	28.6%	Assisted living:		Medicare/Medicaid	0.0
8 - 14 days	7.1	Residential care		Managed Care/HMO	0.0
15 - 30 days	21.4	apartment complex	0.0	PACE/Partnership	0.0
31 - 60 days	14.3	Adult family home	0.0	Private Insurance	0.0
61 - 90 days	7.1	Community-based		Self Pay	0.0
91 - 180 days	7.1	residential facility	0.0	Other	0.0
181 - 1 year	0.0	Inpatient facility	0.0	12/31/99 Caseload	1
1 yr. or more	14.3	Other site	0.0		
Total Discharges	14	Total Deaths	13		

Comfort Care & Hospice Services
 333 Pine Ridge Boulevard
 Wausau WI 54401

License Number: 1514
 County: Marathon
 (715) 847-2702

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	63
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	461
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	57

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.2%
20 to 54	7.8
55 to 64	9.5
65 to 74	17.6
75 to 84	32.5
85 to 94	27.8
95 & over	4.6
Total Patients	461
Male	46.4%
Female	53.6
Total Patients	461

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	49.0%
End-stage cardio- vascular disease	23.2
End-stage pulmonary disease	9.1
Renal failure/end-stage kidney disease	3.5
Diabetes	0.0
Alzheimer's disease	3.3
AIDS	0.2
ALS	0.9
Other	10.8
Total Patients	461

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	. %
Hospital	.
Self-referral	.
Patient's family	.
Home health agency	.
Other	.
Total Patients	461

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	93.4%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	6.4
Respite care	0.2
Total Patient Days	20,979

TOTAL ADMISSIONS: 407

TOTAL DISCHARGES: 405

**ADMISSIONS BY
PAY SOURCE**

Medicare	83.0%
Medicaid	1.7
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	13.0
Self Pay	2.2
Other	0.0
Total Admissions	407

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	2.5%
Transferred: provided by another hospice	2.7
Revocation of hospice benefit	1.2
Other	0.7
Deaths	92.8
Total Discharges	405

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	27.9%
Nursing home	13.0
Hospice residential facility	8.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	42.0
Other site	9.0
Total Deaths	376

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	66.7%
Nursing home	11.1
Hospice residential facility	7.9
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	4.8
Other site	9.5
12/31/99 Caseload	63

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	36.0%
8 - 14 days	17.5
15 - 30 days	13.3
31 - 60 days	14.3
61 - 90 days	5.4
91 - 180 days	5.4
181 - 1 year	6.2
1 yr. or more	1.7
Total Discharges	405

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	77.8%
Medicaid	1.6
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	9.5
Self Pay	11.1
Other	0.0
12/31/99 Caseload	63

Horizon Homecare & Hospice, Inc.
 8949 North Deerbrook Trail
 Brown Deer WI 53223

License Number: 525
 County: Milwaukee
 (414) 365-8300

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	76
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	457
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	47

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	2.6%
20 to 54	1.3
55 to 64	10.7
65 to 74	51.6
75 to 84	32.4
85 to 94	1.3
95 & over	0.0
Total Patients	457
Male	56.2%
Female	43.8
Total Patients	457

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm	
(cancer)	64.3%
End-stage cardio-	
vascular disease	9.4
End-stage pulmonary	
disease	10.1
Renal failure/end-stage	
kidney disease	5.5
Diabetes	0.2
Alzheimer's disease	7.7
AIDS	1.5
ALS	1.3
Other	0.0
Total Patients	457

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	22.1%
Hospital	48.6
Self-referral	0.7
Patient's family	4.4
Home health agency	17.7
Other	6.6
Total Patients	457

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	95.6%
Continuous care	0.0
Inpatient care: acute	
symptom mgmt.	3.7
Respite care	0.7
Total Patient Days	17,320

TOTAL ADMISSIONS: 427

TOTAL DISCHARGES: 394

**ADMISSIONS BY
PAY SOURCE**

Medicare	78.2%
Medicaid	5.4
Medicare/Medicaid	0.0
Managed Care/HMO	7.0
PACE/Partnership	0.0
Private Insurance	9.4
Self Pay	0.0
Other	0.0
Total Admissions	427

**REASON FOR
DISCHARGE:**

Hospice care not	
appropriate	3.8%
Transferred:	
provided by	
another hospice	2.0
Revocation of	
hospice benefit	5.6
Other	0.0
Deaths	88.6
Total Discharges	394

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	56.7%
Nursing home	24.9
Hospice residential	
facility	0.0
Assisted living:	
Residential care	
apartment complex	0.0
Adult family home	0.0
Community-based	
residential facility	9.5
Inpatient facility	8.9
Other site	0.0
Total Deaths	349

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	8.1%
8 - 14 days	25.9
15 - 30 days	25.4
31 - 60 days	17.8
61 - 90 days	8.4
91 - 180 days	9.9
181 - 1 year	3.0
1 yr. or more	1.5
Total Discharges	394

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private	
residence	72.4%
Nursing home	17.1
Hospice residential	
facility	0.0
Assisted living:	
Residential care	
apartment complex	0.0
Adult family home	0.0
Community-based	
residential facility	2.6
Inpatient facility	7.9
Other site	0.0
12/31/99 Caseload	76

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	72.4%
Medicaid	2.6
Medicare/Medicaid	0.0
Managed Care/HMO	25.0
PACE/Partnership	0.0
Private Insurance	0.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	76

Covenant Hospice/Palliative Care
 9688 West Appleton Avenue
 Milwaukee WI 53225

License Number: 556
 County: Milwaukee
 (414) 535-7070

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	50
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	509
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	49

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.8%
20 to 54	8.8
55 to 64	13.2
65 to 74	25.0
75 to 84	32.0
85 to 94	17.5
95 & over	2.8
Total Patients	509
Male	51.1%
Female	48.9
Total Patients	509

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	76.4%
End-stage cardio- vascular disease	8.8
End-stage pulmonary disease	4.9
Renal failure/end-stage kidney disease	1.4
Diabetes	0.2
Alzheimer's disease	0.8
AIDS	0.2
ALS	0.4
Other	6.9
Total Patients	509

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	25.0%
Hospital	25.5
Self-referral	0.0
Patient's family	2.0
Home health agency	4.5
Other	43.0
Total Patients	509

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	98.6%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	1.1
Respite care	0.3
Total Patient Days	17,927

TOTAL ADMISSIONS: 488

TOTAL DISCHARGES: 468

**ADMISSIONS BY
PAY SOURCE**

Medicare	75.0%
Medicaid	3.1
Medicare/Medicaid	0.0
Managed Care/HMO	19.5
PACE/Partnership	0.0
Private Insurance	2.0
Self Pay	0.4
Other	0.0
Total Admissions	488

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	6.4%
Transferred: provided by another hospice	1.9
Revocation of hospice benefit	2.1
Other	0.0
Deaths	89.5
Total Discharges	468

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	96.0%
Nursing home	4.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	50

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	27.8%
8 - 14 days	20.5
15 - 30 days	19.7
31 - 60 days	16.9
61 - 90 days	5.8
91 - 180 days	7.1
181 - 1 year	1.7
1 yr. or more	0.6
Total Discharges	468

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	87.8%
Nursing home	7.9
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.5
Inpatient facility	3.8
Other site	0.0
Total Deaths	419

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	80.0%
Medicaid	8.0
Medicare/Medicaid	0.0
Managed Care/HMO	10.0
PACE/Partnership	0.0
Private Insurance	2.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	50

Hospice Preferred Choice
3118 South 27th Street
Milwaukee WI 53215

License Number: 549
County: Milwaukee
(414) 649-8302

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Ownership of Hospice	Proprietary	December 31, 1999 Caseload:	38
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	223
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	35

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	3.6
55 to 64	0.9
65 to 74	16.6
75 to 84	34.5
85 to 94	36.8
95 & over	7.6
Total Patients	223
Male	30.9%
Female	69.1
Total Patients	223

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	30.0%
End-stage cardio- vascular disease	11.2
End-stage pulmonary disease	7.2
Renal failure/end-stage kidney disease	2.2
Diabetes	0.0
Alzheimer's disease	3.6
AIDS	0.0
ALS	0.0
Other	45.7
Total Patients	223

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	9.0%
Hospital	4.5
Self-referral	2.7
Patient's family	4.9
Home health agency	0.4
Other	78.5
Total Patients	223

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.6%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.2
Respite care	0.2
Total Patient Days	12,617

TOTAL ADMISSIONS: 205

TOTAL DISCHARGES: 197

**ADMISSIONS BY
PAY SOURCE**

Medicare	49.3%
Medicaid	3.4
Medicare/Medicaid	45.4
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	1.5
Self Pay	0.5
Other	0.0
Total Admissions	205

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	6.6%
Transferred: provided by another hospice	1.0
Revocation of hospice benefit	4.6
Other	0.0
Deaths	87.8
Total Discharges	197

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	12.7%
Nursing home	70.5
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	2.9
Community-based residential facility	10.4
Inpatient facility	3.5
Other site	0.0
Total Deaths	173

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	23.7%
Nursing home	76.3
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	38

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	34.0%
8 - 14 days	16.8
15 - 30 days	12.7
31 - 60 days	14.2
61 - 90 days	3.6
91 - 180 days	9.6
181 - 1 year	9.1
1 yr. or more	0.0
Total Discharges	197

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	26.3%
Medicaid	0.0
Medicare/Medicaid	73.7
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	0.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	38

Ruth Hospice
8526 West Mill Road
Milwaukee WI 53225

License Number: 2002
County: Milwaukee
(414) 607-4710

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	12
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	81
Title 19 (Medicaid) Certified?	No	Average Daily Census:	7

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	0.0
55 to 64	4.9
65 to 74	25.9
75 to 84	44.4
85 to 94	21.0
95 & over	3.7
Total Patients	81
Male	39.5%
Female	60.5
Total Patients	81

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	75.3%
End-stage cardio-vascular disease	4.9
End-stage pulmonary disease	7.4
Renal failure/end-stage kidney disease	2.5
Diabetes	0.0
Alzheimer's disease	0.0
AIDS	0.0
ALS	0.0
Other	9.9
Total Patients	81

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	6.2%
Hospital	53.1
Self-referral	3.7
Patient's family	1.2
Home health agency	29.6
Other	6.2
Total Patients	81

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	100.0%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.0
Respite care	0.0
Total Patient Days	2,719

TOTAL ADMISSIONS: 78

TOTAL DISCHARGES: 71

**ADMISSIONS BY
PAY SOURCE**

Medicare	94.9%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	5.1
Self Pay	0.0
Other	0.0
Total Admissions	78

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	0.0%
Transferred: provided by another hospice	1.4
Revocation of hospice benefit	1.4
Other	0.0
Deaths	97.2
Total Discharges	71

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	0.0%
Nursing home	0.0
Hospice residential facility	100.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
Total Deaths	69

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	0.0%
Nursing home	0.0
Hospice residential facility	100.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	12

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	43.7%
8 - 14 days	19.7
15 - 30 days	19.7
31 - 60 days	7.0
61 - 90 days	5.6
91 - 180 days	2.8
181 - 1 year	1.4
1 yr. or more	0.0
Total Discharges	71

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	91.7%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	8.3
Self Pay	0.0
Other	0.0
12/31/99 Caseload	12

St. Mary's Hospital of Milwaukee-Hospice Unit License Number: 521
 2323 N. Lake Drive, PO Box 503 County: Milwaukee
 Milwaukee WI 53201 (414) 291-1240

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Ownership of Hospice Nonprofit December 31, 1999 Caseload: 5
 Title 18 (Medicare) Certified? No Unduplicated Patient Count for 1999: 361
 Title 19 (Medicaid) Certified? No Average Daily Census: 6

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	. %	Malignant neoplasm		Physician	. %
20 to 54	.	(cancer)	. %	Hospital	.
55 to 64	.	End-stage cardio-		Self-referral	.
65 to 74	.	vascular disease	.	Patient's family	.
75 to 84	.	End-stage pulmonary		Home health agency	.
85 to 94	.	disease	.	Other	.
95 & over	.	Renal failure/end-stage		Total Patients	361
Total Patients	361	kidney disease	.		
		Diabetes	.		
Male	. %	Alzheimer's disease	.	PATIENT DAYS BY	
Female	.	AIDS	.	LEVEL OF CARE	
Total Patients	361	ALS	.	Routine home care	0.0%
		Other	.	Continuous care	0.0
		Total Patients	361	Inpatient care: acute	
				symptom mgmt.	100.0
TOTAL ADMISSIONS:	361			Respite care	0.0
				Total Patient Days	2,358
TOTAL DISCHARGES:	356	ADMISSIONS BY			
		PAY SOURCE		12/31/99 CASELOAD	
		Medicare	. %	BY LIVING ARRANGEMENTS	
		Medicaid	.	Home/private	
REASON FOR		Medicare/Medicaid	.	residence	. %
DISCHARGE:		Managed Care/HMO	.	Nursing home	.
Hospice care not		PACE/Partnership	.	Hospice residential	
appropriate	0.0%	Private Insurance	.	facility	.
Transferred:		Self Pay	.	Assisted living:	
provided by		Other	.	Residential care	
another hospice	7.3	Total Admissions	361	apartment complex	.
Revocation of				Adult family home	.
hospice benefit	0.0			Community-based	
Other	15.2			residential facility	.
Deaths	77.5	DEATHS BY SITE		Inpatient facility	.
Total Discharges	356	OF OCCURRENCE		Other site	.
				12/31/99 Caseload	5
DISCHARGES BY		Home/private residence	0.0%	12/31/99 CASELOAD	
LENGTH OF STAY		Nursing home	0.0	BY PAY SOURCE	
		Hospice residential		Medicare	. %
		facility	0.0	Medicaid	.
1 - 7 days	71.6%	Assisted living:		Medicare/Medicaid	.
8 - 14 days	19.1	Residential care		Managed Care/HMO	.
15 - 30 days	7.0	apartment complex	0.0	PACE/Partnership	.
31 - 60 days	2.0	Adult family home	0.0	Private Insurance	.
61 - 90 days	0.0	Community-based		Self Pay	.
91 - 180 days	0.3	residential facility	0.0	Other	.
181 - 1 year	0.0	Inpatient facility	100.0	12/31/99 Caseload	5
1 yr. or more	0.0	Other site	0.0		
Total Discharges	356	Total Deaths	276		

VNA of Wisconsin Hospice
11333 West National Avenue
Milwaukee WI 53227

License Number: 1528
County: Milwaukee
(800) 862-2201

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	62
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	554
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	63

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	1.3%
20 to 54	6.0
55 to 64	6.1
65 to 74	30.7
75 to 84	35.9
85 to 94	17.7
95 & over	2.3
Total Patients	554
Male	46.8%
Female	53.2
Total Patients	554

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	69.3%
End-stage cardio- vascular disease	15.9
End-stage pulmonary disease	7.2
Renal failure/end-stage kidney disease	2.5
Diabetes	0.7
Alzheimer's disease	1.8
AIDS	0.4
ALS	2.2
Other	0.0
Total Patients	554

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	25.8%
Hospital	37.2
Self-referral	5.8
Patient's family	0.0
Home health agency	0.7
Other	30.5
Total Patients	554

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	98.1%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	1.4
Respite care	0.6
Total Patient Days	22,840

TOTAL ADMISSIONS: 509

TOTAL DISCHARGES: 502

**ADMISSIONS BY
PAY SOURCE**

Medicare	90.0%
Medicaid	2.8
Medicare/Medicaid	0.0
Managed Care/HMO	0.4
PACE/Partnership	0.0
Private Insurance	6.7
Self Pay	0.2
Other	0.0
Total Admissions	509

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	12.9%
Transferred: provided by another hospice	1.2
Revocation of hospice benefit	2.8
Other	0.2
Deaths	82.9
Total Discharges	502

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	93.8%
Nursing home	0.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	6.3
Other site	0.0
Total Deaths	416

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	91.9%
Nursing home	6.5
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	1.6
Other site	0.0
12/31/99 Caseload	62

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	27.5%
8 - 14 days	15.5
15 - 30 days	17.5
31 - 60 days	16.1
61 - 90 days	7.8
91 - 180 days	9.2
181 - 1 year	4.8
1 yr. or more	1.6
Total Discharges	502

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	93.5%
Medicaid	3.2
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	3.2
Self Pay	0.0
Other	0.0
12/31/99 Caseload	62

Milwaukee Hospice Home Care & Residence
 4067 North 92nd Street
 Wauwatosa WI 53222

License Number: 1500
 County: Milwaukee
 (414) 438-8000

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	16
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	240
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	18

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	7.5
55 to 64	9.2
65 to 74	26.3
75 to 84	37.9
85 to 94	17.1
95 & over	2.1
Total Patients	240
Male	47.9%
Female	52.1
Total Patients	240

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm	
(cancer)	80.0%
End-stage cardio-	
vascular disease	7.1
End-stage pulmonary	
disease	3.8
Renal failure/end-stage	
kidney disease	2.5
Diabetes	0.0
Alzheimer's disease	2.5
AIDS	0.4
ALS	0.8
Other	2.9
Total Patients	240

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	49.2%
Hospital	21.7
Self-referral	0.0
Patient's family	5.8
Home health agency	23.3
Other	0.0
Total Patients	240

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.1%
Continuous care	0.1
Inpatient care: acute	
symptom mgmt.	0.7
Respite care	0.1
Total Patient Days	6,569

TOTAL ADMISSIONS: 227

TOTAL DISCHARGES: 227

**ADMISSIONS BY
PAY SOURCE**

Medicare	79.7%
Medicaid	2.2
Medicare/Medicaid	0.0
Managed Care/HMO	10.1
PACE/Partnership	0.0
Private Insurance	7.9
Self Pay	0.0
Other	0.0
Total Admissions	227

**REASON FOR
DISCHARGE:**

Hospice care not	
appropriate	4.8%
Transferred:	
provided by	
another hospice	0.0
Revocation of	
hospice benefit	5.3
Other	0.0
Deaths	89.9
Total Discharges	227

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	36.8%
Nursing home	0.0
Hospice residential	
facility	57.8
Assisted living:	
Residential care	
apartment complex	0.0
Adult family home	0.0
Community-based	
residential facility	2.5
Inpatient facility	2.9
Other site	0.0
Total Deaths	204

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private	
residence	50.0%
Nursing home	0.0
Hospice residential	
facility	43.8
Assisted living:	
Residential care	
apartment complex	0.0
Adult family home	0.0
Community-based	
residential facility	6.3
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	16

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	29.5%
8 - 14 days	21.6
15 - 30 days	22.0
31 - 60 days	17.2
61 - 90 days	2.2
91 - 180 days	4.0
181 - 1 year	3.5
1 yr. or more	0.0
Total Discharges	227

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	68.8%
Medicaid	12.5
Medicare/Medicaid	0.0
Managed Care/HMO	12.5
PACE/Partnership	0.0
Private Insurance	6.3
Self Pay	0.0
Other	0.0
12/31/99 Caseload	16

Hospice Touch
321 Butts Avenue
Tomah WI 54660

License Number: 531
County: Monroe
(608) 372-2181

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	13
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	117
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	12

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	0.9%	Malignant neoplasm		Physician	55.6%
20 to 54	4.3	(cancer)	75.2%	Hospital	32.5
55 to 64	12.8	End-stage cardio-		Self-referral	0.0
65 to 74	29.1	vascular disease	9.4	Patient's family	5.1
75 to 84	29.9	End-stage pulmonary		Home health agency	5.1
85 to 94	21.4	disease	3.4	Other	1.7
95 & over	1.7	Renal failure/end-stage		Total Patients	117
Total Patients	117	kidney disease	2.6		
		Diabetes	0.0		
Male	62.4%	Alzheimer's disease	0.9	PATIENT DAYS BY	
Female	37.6	AIDS	0.0	LEVEL OF CARE	
Total Patients	117	ALS	0.0		
		Other	8.5	Routine home care	97.1%
		Total Patients	117	Continuous care	0.1
				Inpatient care: acute	
				symptom mgmt.	1.9
				Respite care	0.9
				Total Patient Days	4,471
TOTAL ADMISSIONS:	107				
		ADMISSIONS BY			
		PAY SOURCE		12/31/99 CASELOAD	
				BY LIVING ARRANGEMENTS	
		Medicare	79.4%		
		Medicaid	1.9	Home/private	
REASON FOR		Medicare/Medicaid	0.9	residence	61.5%
DISCHARGE:		Managed Care/HMO	0.0	Nursing home	0.0
		PACE/Partnership	0.0	Hospice residential	
Hospice care not		Private Insurance	17.8	facility	15.4
appropriate	2.9%	Self Pay	0.0	Assisted living:	
Transferred:		Other	0.0	Residential care	
provided by		Total Admissions	107	apartment complex	0.0
another hospice	1.9			Adult family home	0.0
Revocation of				Community-based	
hospice benefit	1.0			residential facility	7.7
Other	2.9			Inpatient facility	15.4
Deaths	91.3	DEATHS BY SITE		Other site	0.0
Total Discharges	104	OF OCCURRENCE		12/31/99 Caseload	13
		Home/private residence	51.6%	12/31/99 CASELOAD	
DISCHARGES BY		Nursing home	5.3	BY PAY SOURCE	
LENGTH OF STAY		Hospice residential			
		facility	24.2	Medicare	76.9%
1 - 7 days	25.0%	Assisted living:		Medicaid	0.0
8 - 14 days	17.3	Residential care		Medicare/Medicaid	0.0
15 - 30 days	15.4	apartment complex	0.0	Managed Care/HMO	0.0
31 - 60 days	20.2	Adult family home	0.0	PACE/Partnership	0.0
61 - 90 days	9.6	Community-based		Private Insurance	23.1
91 - 180 days	10.6	residential facility	2.1	Self Pay	0.0
181 - 1 year	1.9	Inpatient facility	16.8	Other	0.0
1 yr. or more	0.0	Other site	0.0		
Total Discharges	104	Total Deaths	95	12/31/99 Caseload	13

Sacred Heart-St. Mary's Hosp. Hospice
 1860 North Stevens Street
 Rhinelander WI 54501

License Number: 522
 County: Oneida
 (715) 369-6552

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	4
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	96
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	9

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	7.3
55 to 64	11.5
65 to 74	33.3
75 to 84	31.3
85 to 94	14.6
95 & over	2.1
Total Patients	96
Male	52.1%
Female	47.9
Total Patients	96

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	68.8%
End-stage cardio-vascular disease	14.6
End-stage pulmonary disease	6.3
Renal failure/end-stage kidney disease	3.1
Diabetes	0.0
Alzheimer's disease	2.1
AIDS	0.0
ALS	0.0
Other	5.2
Total Patients	96

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	60.4%
Hospital	18.8
Self-referral	0.0
Patient's family	12.5
Home health agency	2.1
Other	6.3
Total Patients	96

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	96.7%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	2.8
Respite care	0.5
Total Patient Days	3,356

TOTAL ADMISSIONS: 88

TOTAL DISCHARGES: 92

**ADMISSIONS BY
PAY SOURCE**

Medicare	83.0%
Medicaid	3.4
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	11.4
Self Pay	1.1
Other	1.1
Total Admissions	88

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	0.0%
Transferred: provided by another hospice	4.3
Revocation of hospice benefit	4.3
Other	0.0
Deaths	91.3
Total Discharges	92

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	66.7%
Nursing home	9.5
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	6.0
Inpatient facility	17.9
Other site	0.0
Total Deaths	84

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	37.0%
8 - 14 days	14.1
15 - 30 days	16.3
31 - 60 days	17.4
61 - 90 days	5.4
91 - 180 days	3.3
181 - 1 year	5.4
1 yr. or more	1.1
Total Discharges	92

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	75.0%
Nursing home	25.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	4

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	75.0%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	25.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	4

Dr. Kate-Lakeland Hospice
PO Box 770
Woodruff WI 54568

License Number: 1509
County: Oneida
(715) 346-8805

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	24
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	107
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	19

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	4.7
55 to 64	9.3
65 to 74	31.8
75 to 84	31.8
85 to 94	18.7
95 & over	3.7
Total Patients	107
Male	51.4%
Female	48.6
Total Patients	107

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	63.6%
End-stage cardio-vascular disease	9.3
End-stage pulmonary disease	11.2
Renal failure/end-stage kidney disease	4.7
Diabetes	0.0
Alzheimer's disease	0.0
AIDS	0.0
ALS	0.0
Other	11.2
Total Patients	107

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	40.2%
Hospital	41.1
Self-referral	0.9
Patient's family	6.5
Home health agency	4.7
Other	6.5
Total Patients	107

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	98.5%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.3
Respite care	1.1
Total Patient Days	7,015

TOTAL ADMISSIONS: 93

TOTAL DISCHARGES: 84

**ADMISSIONS BY
PAY SOURCE**

Medicare	90.3%
Medicaid	0.0
Medicare/Medicaid	1.1
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	6.5
Self Pay	0.0
Other	2.2
Total Admissions	93

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	4.8%
Transferred: provided by another hospice	4.8
Revocation of hospice benefit	7.1
Other	0.0
Deaths	83.3
Total Discharges	84

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	87.1%
Nursing home	4.3
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	1.4
Inpatient facility	7.1
Other site	0.0
Total Deaths	70

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	95.8%
Nursing home	4.2
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	24

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	21.4%
8 - 14 days	15.5
15 - 30 days	14.3
31 - 60 days	22.6
61 - 90 days	8.3
91 - 180 days	13.1
181 - 1 year	3.6
1 yr. or more	1.2
Total Discharges	84

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	91.7%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	8.3
Self Pay	0.0
Other	0.0
12/31/99 Caseload	24

Thedacare at Home
PO Box 469
Neenah WI 54957

License Number: 1504
County: Outagamie
(920) 969-0919

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	27
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	235
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	31

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	6.4
55 to 64	13.2
65 to 74	24.3
75 to 84	30.6
85 to 94	21.3
95 & over	4.3
Total Patients	235
Male	50.6%
Female	49.4
Total Patients	235

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	74.0%
End-stage cardio- vascular disease	1.3
End-stage pulmonary disease	3.0
Renal failure/end-stage kidney disease	0.0
Diabetes	0.0
Alzheimer's disease	1.7
AIDS	0.0
ALS	0.0
Other	20.0
Total Patients	235

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	57.9%
Hospital	24.3
Self-referral	0.0
Patient's family	3.8
Home health agency	11.1
Other	3.0
Total Patients	235

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.1%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.4
Respite care	0.6
Total Patient Days	11,391

TOTAL ADMISSIONS: 222

TOTAL DISCHARGES: 220

**ADMISSIONS BY
PAY SOURCE**

Medicare	76.1%
Medicaid	3.2
Medicare/Medicaid	0.0
Managed Care/HMO	8.6
PACE/Partnership	0.0
Private Insurance	11.3
Self Pay	0.9
Other	0.0
Total Admissions	222

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	1.4%
Transferred: provided by another hospice	0.5
Revocation of hospice benefit	3.2
Other	2.7
Deaths	92.3
Total Discharges	220

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	82.3%
Nursing home	15.3
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	2.0
Inpatient facility	0.5
Other site	0.0
Total Deaths	203

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	100.0%
Nursing home	0.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	27

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	25.0%
8 - 14 days	15.0
15 - 30 days	20.9
31 - 60 days	18.6
61 - 90 days	8.6
91 - 180 days	8.2
181 - 1 year	3.6
1 yr. or more	0.0
Total Discharges	220

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	66.7%
Medicaid	3.7
Medicare/Medicaid	0.0
Managed Care/HMO	7.4
PACE/Partnership	0.0
Private Insurance	22.2
Self Pay	0.0
Other	0.0
12/31/99 Caseload	27

Hospice of Portage County
5412 HWY 10E, Suite A
Stevens Point WI 54481

License Number: 503
County: Portage
(715) 346-5355

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	10
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	141
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	17

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	2.1%
20 to 54	6.4
55 to 64	8.5
65 to 74	26.2
75 to 84	29.1
85 to 94	27.0
95 & over	0.7
Total Patients	141
Male	51.1%
Female	48.9
Total Patients	141

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	70.9%
End-stage cardio-vascular disease	6.4
End-stage pulmonary disease	6.4
Renal failure/end-stage kidney disease	2.1
Diabetes	0.0
Alzheimer's disease	5.0
AIDS	0.0
ALS	1.4
Other	7.8
Total Patients	141

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	80.1%
Hospital	2.1
Self-referral	0.0
Patient's family	9.9
Home health agency	2.8
Other	5.0
Total Patients	141

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	96.2%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	3.4
Respite care	0.4
Total Patient Days	6,345

TOTAL ADMISSIONS: 121

TOTAL DISCHARGES: 136

**ADMISSIONS BY
PAY SOURCE**

Medicare	78.5%
Medicaid	1.7
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	17.4
Self Pay	1.7
Other	0.8
Total Admissions	121

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	4.4%
Transferred: provided by another hospice	0.7
Revocation of hospice benefit	5.1
Other	0.0
Deaths	89.7
Total Discharges	136

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	54.1%
Nursing home	13.1
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	2.5
Inpatient facility	30.3
Other site	0.0
Total Deaths	122

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	80.0%
Nursing home	0.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	20.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	10

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	26.5%
8 - 14 days	8.8
15 - 30 days	23.5
31 - 60 days	16.2
61 - 90 days	11.8
91 - 180 days	5.9
181 - 1 year	5.1
1 yr. or more	2.2
Total Discharges	136

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	90.0%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	10.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	10

Flambeau Home Health & Hospice
PO Box 206
Phillips WI 54555

License Number: 552
County: Price
(715) 339-4371

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	10
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	40
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	8

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	2.5
55 to 64	12.5
65 to 74	27.5
75 to 84	22.5
85 to 94	32.5
95 & over	2.5
Total Patients	40
Male	60.0%
Female	40.0
Total Patients	40

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	75.0%
End-stage cardio-vascular disease	17.5
End-stage pulmonary disease	2.5
Renal failure/end-stage kidney disease	2.5
Diabetes	0.0
Alzheimer's disease	0.0
AIDS	0.0
ALS	0.0
Other	2.5
Total Patients	40

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	85.0%
Hospital	0.0
Self-referral	5.0
Patient's family	0.0
Home health agency	5.0
Other	5.0
Total Patients	40

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	96.9%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	1.9
Respite care	1.2
Total Patient Days	3,058

TOTAL ADMISSIONS: 37

TOTAL DISCHARGES: 31

**ADMISSIONS BY
PAY SOURCE**

Medicare	81.1%
Medicaid	2.7
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	13.5
Self Pay	2.7
Other	0.0
Total Admissions	37

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	9.7%
Transferred: provided by another hospice	0.0
Revocation of hospice benefit	6.5
Other	0.0
Deaths	83.9
Total Discharges	31

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	69.2%
Nursing home	15.4
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	3.8
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	11.5
Other site	0.0
Total Deaths	26

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	90.0%
Nursing home	10.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	10

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	22.6%
8 - 14 days	12.9
15 - 30 days	9.7
31 - 60 days	6.5
61 - 90 days	9.7
91 - 180 days	25.8
181 - 1 year	12.9
1 yr. or more	0.0
Total Discharges	31

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	100.0%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	0.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	10

Richland Hospice
431 North Park Street
Richland Center WI 53581

License Number: 2001
County: Richland
(608) 647-6321

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	4
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	22
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	2

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	0.0%	Malignant neoplasm		Physician	72.7%
20 to 54	13.6	(cancer)	77.3%	Hospital	13.6
55 to 64	13.6	End-stage cardio-		Self-referral	0.0
65 to 74	22.7	vascular disease	9.1	Patient's family	9.1
75 to 84	50.0	End-stage pulmonary		Home health agency	4.5
85 to 94	0.0	disease	9.1	Other	0.0
95 & over	0.0	Renal failure/end-stage		Total Patients	22
Total Patients	22	kidney disease	0.0		
		Diabetes	0.0		
Male	50.0%	Alzheimer's disease	0.0	PATIENT DAYS BY	
Female	50.0	AIDS	0.0	LEVEL OF CARE	
Total Patients	22	ALS	0.0	Routine home care	96.1%
		Other	4.5	Continuous care	0.1
		Total Patients	22	Inpatient care: acute	
				symptom mgmt.	2.8
TOTAL ADMISSIONS:	22			Respite care	1.0
				Total Patient Days	823
		ADMISSIONS BY			
TOTAL DISCHARGES:	19	PAY SOURCE		12/31/99 CASELOAD	
		Medicare	68.2%	BY LIVING ARRANGEMENTS	
		Medicaid	13.6	Home/private	
REASON FOR		Medicare/Medicaid	0.0	residence	100.0%
DISCHARGE:		Managed Care/HMO	0.0	Nursing home	0.0
Hospice care not		PACE/Partnership	0.0	Hospice residential	
appropriate	10.5%	Private Insurance	18.2	facility	0.0
Transferred:		Self Pay	0.0	Assisted living:	
provided by		Other	0.0	Residential care	
another hospice	5.3	Total Admissions	22	apartment complex	0.0
Revocation of				Adult family home	0.0
hospice benefit	0.0			Community-based	
Other	5.3			residential facility	0.0
Deaths	78.9	DEATHS BY SITE		Inpatient facility	0.0
Total Discharges	19	OF OCCURRENCE		Other site	0.0
				12/31/99 Caseload	4
		Home/private residence	86.7%		
DISCHARGES BY		Nursing home	0.0	12/31/99 CASELOAD	
LENGTH OF STAY		Hospice residential		BY PAY SOURCE	
1 - 7 days	31.6%	facility	0.0	Medicare	100.0%
8 - 14 days	10.5	Assisted living:		Medicaid	0.0
15 - 30 days	21.1	Residential care		Medicare/Medicaid	0.0
31 - 60 days	21.1	apartment complex	0.0	Managed Care/HMO	0.0
61 - 90 days	0.0	Adult family home	0.0	PACE/Partnership	0.0
91 - 180 days	15.8	Community-based		Private Insurance	0.0
181 - 1 year	0.0	residential facility	0.0	Self Pay	0.0
1 yr. or more	0.0	Inpatient facility	13.3	Other	0.0
Total Discharges	19	Other site	0.0	12/31/99 Caseload	4
		Total Deaths	15		

Beloit Regional Hospice, Inc.
 2958 Prairie Avenue
 Beloit WI 53511

License Number: 1525
 County: Rock
 (608) 363-7421

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	19
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	140
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	22

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	6.4
55 to 64	15.7
65 to 74	24.3
75 to 84	23.6
85 to 94	24.3
95 & over	5.7
Total Patients	140
Male	49.3%
Female	50.7
Total Patients	140

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	57.9%
End-stage cardio-vascular disease	14.3
End-stage pulmonary disease	5.0
Renal failure/end-stage kidney disease	2.1
Diabetes	0.0
Alzheimer's disease	2.9
AIDS	0.0
ALS	0.7
Other	17.1
Total Patients	140

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	42.1%
Hospital	12.9
Self-referral	3.6
Patient's family	30.0
Home health agency	1.4
Other	10.0
Total Patients	140

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.5%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.1
Respite care	0.4
Total Patient Days	8,136

TOTAL ADMISSIONS: 119

TOTAL DISCHARGES: 125

**ADMISSIONS BY
PAY SOURCE**

Medicare	74.8%
Medicaid	1.7
Medicare/Medicaid	5.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	15.1
Self Pay	0.8
Other	2.5
Total Admissions	119

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	4.8%
Transferred: provided by another hospice	1.6
Revocation of hospice benefit	8.0
Other	0.0
Deaths	85.6
Total Discharges	125

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	82.2%
Nursing home	10.3
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	7.5
Inpatient facility	0.0
Other site	0.0
Total Deaths	107

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	73.7%
Nursing home	15.8
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	10.5
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	19

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	16.0%
8 - 14 days	15.2
15 - 30 days	21.6
31 - 60 days	18.4
61 - 90 days	4.0
91 - 180 days	12.0
181 - 1 year	11.2
1 yr. or more	1.6
Total Discharges	125

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	78.9%
Medicaid	5.3
Medicare/Medicaid	10.5
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	5.3
Self Pay	0.0
Other	0.0
12/31/99 Caseload	19

Mercy Assisted Care, Inc.
901 Mineral Point Avenue
Janesville WI 53545

License Number: 544
County: Rock
(608) 754-2201

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	16
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	101
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	14

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	3.0%
20 to 54	6.9
55 to 64	8.9
65 to 74	27.7
75 to 84	28.7
85 to 94	18.8
95 & over	5.9
Total Patients	101
Male	45.5%
Female	54.5
Total Patients	101

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	62.4%
End-stage cardio-vascular disease	10.9
End-stage pulmonary disease	3.0
Renal failure/end-stage kidney disease	2.0
Diabetes	0.0
Alzheimer's disease	4.0
AIDS	0.0
ALS	0.0
Other	17.8
Total Patients	101

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	33.7%
Hospital	11.9
Self-referral	0.0
Patient's family	0.0
Home health agency	0.0
Other	54.5
Total Patients	101

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.7%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.3
Respite care	0.0
Total Patient Days	5,187

TOTAL ADMISSIONS: 87

TOTAL DISCHARGES: 86

**ADMISSIONS BY
PAY SOURCE**

Medicare	82.8%
Medicaid	3.4
Medicare/Medicaid	0.0
Managed Care/HMO	10.3
PACE/Partnership	0.0
Private Insurance	2.3
Self Pay	0.0
Other	1.1
Total Admissions	87

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	9.3%
Transferred: provided by another hospice	2.3
Revocation of hospice benefit	2.3
Other	2.3
Deaths	83.7
Total Discharges	86

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	62.5%
Nursing home	5.6
Hospice residential facility	22.2
Assisted living: Residential care apartment complex	0.0
Adult family home	1.4
Community-based residential facility	8.3
Inpatient facility	0.0
Other site	0.0
Total Deaths	72

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	75.0%
Nursing home	0.0
Hospice residential facility	18.8
Assisted living: Residential care apartment complex	6.3
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	16

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	22.1%
8 - 14 days	19.8
15 - 30 days	20.9
31 - 60 days	9.3
61 - 90 days	10.5
91 - 180 days	10.5
181 - 1 year	3.5
1 yr. or more	3.5
Total Discharges	86

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	93.8%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	6.3
PACE/Partnership	0.0
Private Insurance	0.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	16

Heartland Hospice
455 Davis Street, Box 487
Hammond WI 54015

License Number: 1521
County: St. Croix
(715) 796-2223

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	7
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	59
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	5

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	1.7%	Malignant neoplasm		Physician	23.7%
20 to 54	6.8	(cancer)	78.0%	Hospital	35.6
55 to 64	8.5	End-stage cardio-		Self-referral	5.1
65 to 74	28.8	vascular disease	5.1	Patient's family	18.6
75 to 84	32.2	End-stage pulmonary		Home health agency	6.8
85 to 94	18.6	disease	6.8	Other	10.2
95 & over	3.4	Renal failure/end-stage		Total Patients	59
Total Patients	59	kidney disease	1.7		
		Diabetes	0.0		
Male	52.5%	Alzheimer's disease	3.4	PATIENT DAYS BY	
Female	47.5	AIDS	0.0	LEVEL OF CARE	
Total Patients	59	ALS	0.0		
		Other	5.1	Routine home care	98.6%
		Total Patients	59	Continuous care	0.1
				Inpatient care: acute	
				symptom mgmt.	0.1
				Respite care	1.1
				Total Patient Days	1,753
TOTAL ADMISSIONS:	55				
		ADMISSIONS BY			
		PAY SOURCE		12/31/99 CASELOAD	
				BY LIVING ARRANGEMENTS	
		Medicare	78.2%		
		Medicaid	1.8	Home/private	
REASON FOR		Medicare/Medicaid	0.0	residence	100.0%
DISCHARGE:		Managed Care/HMO	3.6	Nursing home	0.0
		PACE/Partnership	0.0	Hospice residential	
Hospice care not		Private Insurance	16.4	facility	0.0
appropriate	0.0%	Self Pay	0.0	Assisted living:	
Transferred:		Other	0.0	Residential care	
provided by		Total Admissions	55	apartment complex	0.0
another hospice	0.0			Adult family home	0.0
Revocation of				Community-based	
hospice benefit	1.9			residential facility	0.0
Other	0.0			Inpatient facility	0.0
Deaths	98.1	DEATHS BY SITE		Other site	0.0
Total Discharges	53	OF OCCURRENCE		12/31/99 Caseload	7
		Home/private residence	57.7%	12/31/99 CASELOAD	
DISCHARGES BY		Nursing home	28.8	BY PAY SOURCE	
LENGTH OF STAY		Hospice residential			
		facility	0.0	Medicare	100.0%
1 - 7 days	18.9%	Assisted living:		Medicaid	0.0
8 - 14 days	26.4	Residential care		Medicare/Medicaid	0.0
15 - 30 days	13.2	apartment complex	0.0	Managed Care/HMO	0.0
31 - 60 days	22.6	Adult family home	0.0	PACE/Partnership	0.0
61 - 90 days	13.2	Community-based		Private Insurance	0.0
91 - 180 days	5.7	residential facility	1.9	Self Pay	0.0
181 - 1 year	0.0	Inpatient facility	5.8	Other	0.0
1 yr. or more	0.0	Other site	5.8		
Total Discharges	53	Total Deaths	52	12/31/99 Caseload	7

Home Health United Hospice, Inc.
520 South Boulevard, Box 527
Baraboo WI 53913

License Number: 1522
County: Sauk
(608) 356-228

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	17
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	155
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	17

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	6.5
55 to 64	17.4
65 to 74	27.7
75 to 84	34.8
85 to 94	13.5
95 & over	0.0
Total Patients	155
Male	48.4%
Female	51.6
Total Patients	155

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	71.6%
End-stage cardio- vascular disease	6.5
End-stage pulmonary disease	21.3
Renal failure/end-stage kidney disease	0.0
Diabetes	0.6
Alzheimer's disease	0.0
AIDS	0.0
ALS	0.0
Other	0.0
Total Patients	155

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	37.4%
Hospital	25.2
Self-referral	1.3
Patient's family	8.4
Home health agency	16.8
Other	11.0
Total Patients	155

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.2%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.2
Respite care	0.6
Total Patient Days	6,355

TOTAL ADMISSIONS: 139

**ADMISSIONS BY
PAY SOURCE**

Medicare	71.2%
Medicaid	2.9
Medicare/Medicaid	0.0
Managed Care/HMO	10.1
PACE/Partnership	0.0
Private Insurance	12.9
Self Pay	0.7
Other	2.2
Total Admissions	139

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	3.6%
Transferred: provided by another hospice	1.4
Revocation of hospice benefit	3.6
Other	4.3
Deaths	87.1
Total Discharges	139

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	84.3%
Nursing home	9.1
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	6.6
Inpatient facility	0.0
Other site	0.0
Total Deaths	121

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	100.0%
Nursing home	0.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	17

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	20.1%
8 - 14 days	16.5
15 - 30 days	25.9
31 - 60 days	19.4
61 - 90 days	5.8
91 - 180 days	7.9
181 - 1 year	3.6
1 yr. or more	0.7
Total Discharges	139

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	76.5%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	17.6
Self Pay	5.9
Other	0.0
12/31/99 Caseload	17

Shawano Community Hospice
309 N. Bartlette, PO Box 477
Shawano WI 54166

License Number: 510
County: Shawano
(715) 524-7140

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	12
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	65
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	.

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	13.8
55 to 64	15.4
65 to 74	23.1
75 to 84	32.3
85 to 94	13.8
95 & over	1.5
Total Patients	65
Male	61.5%
Female	38.5
Total Patients	65

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	87.7%
End-stage cardio-vascular disease	1.5
End-stage pulmonary disease	4.6
Renal failure/end-stage kidney disease	3.1
Diabetes	0.0
Alzheimer's disease	0.0
AIDS	0.0
ALS	1.5
Other	1.5
Total Patients	65

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	83.1%
Hospital	7.7
Self-referral	0.0
Patient's family	4.6
Home health agency	4.6
Other	0.0
Total Patient's	65

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	. %
Continuous care	.
Inpatient care: acute symptom mgmt.	.
Respite care	.
Total Patient Days	.

TOTAL ADMISSIONS: 56

TOTAL DISCHARGES: 55

**ADMISSIONS BY
PAY SOURCE**

Medicare	71.4%
Medicaid	1.8
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	26.8
Self Pay	0.0
Other	0.0
Total Admissions	56

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	1.8%
Transferred: provided by another hospice	1.8
Revocation of hospice benefit	14.5
Other	9.1
Deaths	72.7
Total Discharges	55

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	80.0%
Nursing home	15.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	5.0
Other site	0.0
Total Deaths	40

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	100.0%
Nursing home	0.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	12

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	14.5%
8 - 14 days	12.7
15 - 30 days	27.3
31 - 60 days	20.0
61 - 90 days	5.5
91 - 180 days	12.7
181 - 1 year	7.3
1 yr. or more	0.0
Total Discharges	55

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	83.3%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	16.7
Self Pay	0.0
Other	0.0
12/31/99 Caseload	12

Community Home Hospice
1601 Taylor Drive
Sheboygan WI 53081

License Number: 532
County: Sheboygan
(920) 457-5770

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	20
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	116
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	16

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	12.1
55 to 64	11.2
65 to 74	25.9
75 to 84	32.8
85 to 94	17.2
95 & over	0.9
Total Patients	116
Male	46.6%
Female	53.4
Total Patients	116

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	75.0%
End-stage cardio- vascular disease	7.8
End-stage pulmonary disease	6.9
Renal failure/end-stage kidney disease	0.0
Diabetes	0.0
Alzheimer's disease	2.6
AIDS	0.0
ALS	0.0
Other	7.8
Total Patients	116

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	66.4%
Hospital	7.8
Self-referral	12.1
Patient's family	4.3
Home health agency	6.9
Other	2.6
Total Patients	116

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.9%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.0
Respite care	0.0
Total Patient Days	5,843

TOTAL ADMISSIONS: 97

TOTAL DISCHARGES: 97

**ADMISSIONS BY
PAY SOURCE**

Medicare	77.3%
Medicaid	3.1
Medicare/Medicaid	1.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	18.6
Self Pay	0.0
Other	0.0
Total Admissions	97

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	4.1%
Transferred: provided by another hospice	1.0
Revocation of hospice benefit	0.0
Other	3.1
Deaths	91.8
Total Discharges	97

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	82.0%
Nursing home	14.6
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	3.4
Inpatient facility	0.0
Other site	0.0
Total Deaths	89

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	90.0%
Nursing home	10.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	20

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	23.7%
8 - 14 days	17.5
15 - 30 days	17.5
31 - 60 days	11.3
61 - 90 days	11.3
91 - 180 days	10.3
181 - 1 year	4.1
1 yr. or more	4.1
Total Discharges	97

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	85.0%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	15.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	20

VNA of WI Hospice-Sheboygan
2314 Kohler Memorial Drive
Sheboygan WI 53081

License Number: 529
County: Sheboygan
(920) 458-3941

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	29
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	246
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	31

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.8%
20 to 54	8.1
55 to 64	9.8
65 to 74	21.1
75 to 84	32.1
85 to 94	24.4
95 & over	3.7
Total Patients	246
Male	49.2%
Female	50.8
Total Patients	246

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	60.6%
End-stage cardio-vascular disease	18.3
End-stage pulmonary disease	6.1
Renal failure/end-stage kidney disease	1.6
Diabetes	0.4
Alzheimer's disease	2.4
AIDS	0.0
ALS	0.8
Other	9.8
Total Patients	246

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	52.4%
Hospital	28.5
Self-referral	4.1
Patient's family	6.1
Home health agency	4.9
Other	4.1
Total Patients	246

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.1%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.3
Respite care	0.6
Total Patient Days	11,252

TOTAL ADMISSIONS: 214

TOTAL DISCHARGES: 222

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	1.4%
Transferred: provided by another hospice	0.9
Revocation of hospice benefit	8.6
Other	0.0
Deaths	89.2
Total Discharges	222

**ADMISSIONS BY
PAY SOURCE**

Medicare	81.3%
Medicaid	1.9
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	6.5
Self Pay	0.5
Other	9.8
Total Admissions	214

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	81.3%
Nursing home	11.6
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	2.5
Inpatient facility	4.5
Other site	0.0
Total Deaths	198

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	89.7%
Nursing home	10.3
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	29

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	28.4%
8 - 14 days	17.6
15 - 30 days	16.2
31 - 60 days	18.0
61 - 90 days	5.4
91 - 180 days	9.5
181 - 1 year	3.2
1 yr. or more	1.8
Total Discharges	222

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	89.7%
Medicaid	3.4
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	6.9
Self Pay	0.0
Other	0.0
12/31/99 Caseload	29

Hope Hospice, Inc.
PO Box 237
Rib Lake WI 54470

License Number: 1517
County: Taylor
(715) 427-3532

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	10
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	60
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	12

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	0.0%	Malignant neoplasm		Physician	50.0%
20 to 54	3.3	(cancer)	61.7%	Hospital	10.0
55 to 64	13.3	End-stage cardio-		Self-referral	0.0
65 to 74	23.3	vascular disease	11.7	Patient's family	33.3
75 to 84	38.3	End-stage pulmonary		Home health agency	5.0
85 to 94	20.0	disease	1.7	Other	1.7
95 & over	1.7	Renal failure/end-stage		Total Patients	60
Total Patients	60	kidney disease	3.3		
		Diabetes	1.7		
Male	48.3%	Alzheimer's disease	8.3	PATIENT DAYS BY	
Female	51.7	AIDS	0.0	LEVEL OF CARE	
Total Patients	60	ALS	0.0	Routine home care	99.7%
		Other	11.7	Continuous care	0.1
		Total Patients	60	Inpatient care: acute	
				symptom mgmt.	0.0
TOTAL ADMISSIONS:	49			Respite care	0.1
				Total Patient Days	4,301
TOTAL DISCHARGES:	50	ADMISSIONS BY			
		PAY SOURCE		12/31/99 CASELOAD	
		Medicare	77.6%	BY LIVING ARRANGEMENTS	
		Medicaid	0.0	Home/private	
REASON FOR		Medicare/Medicaid	6.1	residence	70.0%
DISCHARGE:		Managed Care/HMO	0.0	Nursing home	30.0
Hospice care not		PACE/Partnership	0.0	Hospice residential	
appropriate	0.0%	Private Insurance	14.3	facility	0.0
Transferred:		Self Pay	0.0	Assisted living:	
provided by		Other	2.0	Residential care	
another hospice	2.0	Total Admissions	49	apartment complex	0.0
Revocation of				Adult family home	0.0
hospice benefit	6.0			Community-based	
Other	0.0			residential facility	0.0
Deaths	92.0	DEATHS BY SITE		Inpatient facility	0.0
Total Discharges	50	OF OCCURRENCE		Other site	0.0
				12/31/99 Caseload	10
DISCHARGES BY		Home/private residence	71.7%	12/31/99 CASELOAD	
LENGTH OF STAY		Nursing home	23.9	BY PAY SOURCE	
		Hospice residential		Medicare	60.0%
		facility	0.0	Medicaid	0.0
1 - 7 days	18.0%	Assisted living:		Medicare/Medicaid	30.0
8 - 14 days	20.0	Residential care		Managed Care/HMO	0.0
15 - 30 days	14.0	apartment complex	0.0	PACE/Partnership	0.0
31 - 60 days	16.0	Adult family home	0.0	Private Insurance	10.0
61 - 90 days	2.0	Community-based		Self Pay	0.0
91 - 180 days	16.0	residential facility	4.3	Other	0.0
181 - 1 year	8.0	Inpatient facility	0.0	12/31/99 Caseload	10
1 yr. or more	6.0	Other site	0.0		
Total Discharges	50	Total Deaths	46		

Vernon Memorial Hospice
507 South Main Street
Viroqua WI 54665

License Number: 514
County: Vernon
(608) 637-4362

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	8
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	52
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	8

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	0.0
55 to 64	13.5
65 to 74	21.2
75 to 84	38.5
85 to 94	25.0
95 & over	1.9
Total Patients	52
Male	55.8%
Female	44.2
Total Patients	52

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	73.1%
End-stage cardio- vascular disease	17.3
End-stage pulmonary disease	5.8
Renal failure/end-stage kidney disease	0.0
Diabetes	0.0
Alzheimer's disease	0.0
AIDS	0.0
ALS	0.0
Other	3.8
Total Patients	52

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	73.1%
Hospital	23.1
Self-referral	0.0
Patient's family	0.0
Home health agency	0.0
Other	3.8
Total Patients	52

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.0%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.4
Respite care	0.6
Total Patient Days	3,015

TOTAL ADMISSIONS: 43

TOTAL DISCHARGES: 45

**ADMISSIONS BY
PAY SOURCE**

Medicare	90.7%
Medicaid	2.3
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	4.7
Self Pay	2.3
Other	0.0
Total Admissions	43

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	0.0%
Transferred: provided by another hospice	0.0
Revocation of hospice benefit	13.3
Other	0.0
Deaths	86.7
Total Discharges	45

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	56.4%
Nursing home	28.2
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	15.4
Other site	0.0
Total Deaths	39

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	50.0%
Nursing home	50.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	8

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	20.0%
8 - 14 days	22.2
15 - 30 days	15.6
31 - 60 days	15.6
61 - 90 days	8.9
91 - 180 days	8.9
181 - 1 year	4.4
1 yr. or more	4.4
Total Discharges	45

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	87.5%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	12.5
Self Pay	0.0
Other	0.0
12/31/99 Caseload	8

Odyssey Healthcare of Milwaukee, Inc.
4125 North 124th Street
Brookfield WI 53005

License Number: 553
County: Waukesha
(262) 790-1720

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Ownership of Hospice	Proprietary	December 31, 1999 Caseload:	38
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	335
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	44

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	1.2
55 to 64	11.3
65 to 74	20.6
75 to 84	38.8
85 to 94	28.1
95 & over	0.0
Total Patients	335
Male	38.8%
Female	61.2
Total Patients	335

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	25.4%
End-stage cardio-vascular disease	13.7
End-stage pulmonary disease	6.9
Renal failure/end-stage kidney disease	3.3
Diabetes	1.8
Alzheimer's disease	20.6
AIDS	0.6
ALS	1.2
Other	26.6
Total Patients	335

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	5.1%
Hospital	9.0
Self-referral	0.3
Patient's family	2.1
Home health agency	1.5
Other	82.1
Total Patients	335

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.6%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.2
Respite care	0.1
Total Patient Days	15,992

TOTAL ADMISSIONS: 296

TOTAL DISCHARGES: 299

**ADMISSIONS BY
PAY SOURCE**

Medicare	94.9%
Medicaid	2.4
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	1.0
Self Pay	0.3
Other	1.4
Total Admissions	296

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	3.0%
Transferred: provided by another hospice	0.3
Revocation of hospice benefit	1.0
Other	0.0
Deaths	95.7
Total Discharges	299

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	16.4%
Nursing home	79.4
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.3
Community-based residential facility	3.5
Inpatient facility	0.3
Other site	0.0
Total Deaths	286

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	18.4%
Nursing home	76.3
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	5.3
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	38

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	35.8%
8 - 14 days	10.0
15 - 30 days	17.1
31 - 60 days	14.7
61 - 90 days	3.7
91 - 180 days	11.0
181 - 1 year	7.0
1 yr. or more	0.7
Total Discharges	299

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	81.6%
Medicaid	7.9
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	7.9
Self Pay	0.0
Other	2.6
12/31/99 Caseload	38

Vitas Healthcare Corporation
450 North Sunny Slope Road, #60
Brookfield WI 53005

License Number: 547
County: Waukesha
(262) 821-6500

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Ownership of Hospice	Proprietary	December 31, 1999 Caseload:	105
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	769
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	89

AGE AND SEX OF UNDUPLICATED PATIENT COUNT	PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT	REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT
Under 20 0.0%	Malignant neoplasm	Physician 24.4%
20 to 54 7.7	(cancer) 45.0%	Hospital 18.9
55 to 64 10.1	End-stage cardio-	Self-referral 0.1
65 to 74 25.5	vascular disease 9.6	Patient's family 4.3
75 to 84 36.8	End-stage pulmonary	Home health agency 0.8
85 to 94 19.1	disease 7.4	Other 51.5
95 & over 0.8	Renal failure/end-stage	Total Patients 769
Total Patients 769	kidney disease 0.1	
	Diabetes 0.0	
Male 39.1%	Alzheimer's disease 13.7	PATIENT DAYS BY
Female 60.9	AIDS 0.5	LEVEL OF CARE
Total Patients 769	ALS 0.1	
	Other 23.5	Routine home care 94.1%
	Total Patients 769	Continuous care 0.8
		Inpatient care: acute
		symptom mgmt. 4.4
		Respite care 0.6
		Total Patient Days 32,576
TOTAL ADMISSIONS: 681		
	ADMISSIONS BY	
	PAY SOURCE	
	Medicare 89.3%	12/31/99 CASELOAD
	Medicaid 3.4	BY LIVING ARRANGEMENTS
REASON FOR	Medicare/Medicaid 0.7	Home/private
DISCHARGE:	Managed Care/HMO 5.0	residence 52.4%
	PACE/Partnership 0.0	Nursing home 41.9
Hospice care not	Private Insurance 1.0	Hospice residential
appropriate 4.1%	Self Pay 0.4	facility 0.0
Transferred:	Other 0.1	Assisted living:
provided by	Total Admissions 681	Residential care
another hospice 1.5		apartment complex 1.9
Revocation of		Adult family home 0.0
hospice benefit 4.9		Community-based
Other 1.2		residential facility 0.0
Deaths 88.3		Inpatient facility 3.8
Total Discharges 677		Other site 0.0
	DEATHS BY SITE	12/31/99 Caseload 105
	OF OCCURRENCE	
	Home/private residence 26.8%	
	Nursing home 46.5	12/31/99 CASELOAD
DISCHARGES BY	Hospice residential	BY PAY SOURCE
LENGTH OF STAY	facility 0.0	
1 - 7 days 32.6%	Assisted living:	Medicare 87.6%
8 - 14 days 15.2	Residential care	Medicaid 1.9
15 - 30 days 17.9	apartment complex 0.7	Medicare/Medicaid 0.0
31 - 60 days 9.9	Adult family home 0.0	Managed Care/HMO 3.8
61 - 90 days 6.8	Community-based	PACE/Partnership 0.0
91 - 180 days 10.5	residential facility 0.0	Private Insurance 6.7
181 - 1 year 5.8	Inpatient facility 26.1	Self Pay 0.0
1 yr. or more 1.3	Other site 0.0	Other 0.0
Total Discharges 677	Total Deaths 598	12/31/99 Caseload 105

Rolland Nelson Crossroads Hospice
1020 James Drive
Hartland WI 53029

License Number: 527
County: Waukesha
(262) 928-7444

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	30
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	232
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	23

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	0.4%	Malignant neoplasm		Physician	20.7%
20 to 54	16.4	(cancer)	84.9%	Hospital	42.2
55 to 64	7.8	End-stage cardio-		Self-referral	1.3
65 to 74	24.1	vascular disease	7.8	Patient's family	12.9
75 to 84	34.1	End-stage pulmonary		Home health agency	1.7
85 to 94	15.1	disease	5.6	Other	21.1
95 & over	2.2	Renal failure/end-stage		Total Patients	232
Total Patients	232	kidney disease	0.4		
		Diabetes	0.0		
Male	48.7%	Alzheimer's disease	1.3	PATIENT DAYS BY	
Female	51.3	AIDS	0.0	LEVEL OF CARE	
Total Patients	232	ALS	0.0	Routine home care	99.6%
		Other	0.0	Continuous care	0.0
		Total Patients	232	Inpatient care: acute	
				symptom mgmt.	0.2
TOTAL ADMISSIONS:	220			Respite care	0.2
				Total Patient Days	8,546
TOTAL DISCHARGES:	225	ADMISSIONS BY			
		PAY SOURCE		12/31/99 CASELOAD	
		Medicare	71.4%	BY LIVING ARRANGEMENTS	
		Medicaid	1.8	Home/private	
REASON FOR		Medicare/Medicaid	0.0	residence	96.7%
DISCHARGE:		Managed Care/HMO	5.0	Nursing home	3.3
Hospice care not		PACE/Partnership	0.0	Hospice residential	
appropriate	0.4%	Private Insurance	20.0	facility	0.0
Transferred:		Self Pay	1.4	Assisted living:	
provided by		Other	0.5	Residential care	
another hospice	2.2	Total Admissions	220	apartment complex	0.0
Revocation of				Adult family home	0.0
hospice benefit	1.8			Community-based	
Other	8.0			residential facility	0.0
Deaths	87.6	DEATHS BY SITE		Inpatient facility	0.0
Total Discharges	225	OF OCCURRENCE		Other site	0.0
				12/31/99 Caseload	30
DISCHARGES BY		Home/private residence	85.8%	12/31/99 CASELOAD	
LENGTH OF STAY		Nursing home	14.2	BY PAY SOURCE	
		Hospice residential		Medicare	76.7%
1 - 7 days	28.9%	facility	0.0	Medicaid	0.0
8 - 14 days	16.4	Assisted living:		Medicare/Medicaid	0.0
15 - 30 days	20.9	Residential care		Managed Care/HMO	10.0
31 - 60 days	18.7	apartment complex	0.0	PACE/Partnership	0.0
61 - 90 days	2.2	Adult family home	0.0	Private Insurance	10.0
91 - 180 days	11.6	Community-based		Self Pay	0.0
181 - 1 year	1.3	residential facility	0.0	Other	3.3
1 yr. or more	0.0	Inpatient facility	0.0	12/31/99 Caseload	30
Total Discharges	225	Other site	0.0		
		Total Deaths	197		

Hospice Program of Waupaca County
811 Harding Street
Waupaca WI 54981

License Number: 536
County: Waupaca
(715) 258-6323

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Ownership of Hospice	Governmental	December 31, 1999 Caseload:	4
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	43
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	9

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	0.0%	Malignant neoplasm		Physician	34.9%
20 to 54	7.0	(cancer)	86.0%	Hospital	23.3
55 to 64	16.3	End-stage cardio-		Self-referral	4.7
65 to 74	27.9	vascular disease	0.0	Patient's family	27.9
75 to 84	39.5	End-stage pulmonary		Home health agency	4.7
85 to 94	9.3	disease	7.0	Other	4.7
95 & over	0.0	Renal failure/end-stage		Total Patients	43
Total Patients	43	kidney disease	0.0		
		Diabetes	0.0		
Male	60.5%	Alzheimer's disease	0.0	PATIENT DAYS BY	
Female	39.5	AIDS	0.0	LEVEL OF CARE	
Total Patients	43	ALS	2.3	Routine home care	100.0%
		Other	4.7	Continuous care	0.0
		Total Patients	43	Inpatient care: acute	
				symptom mgmt.	0.0
TOTAL ADMISSIONS:	39			Respite care	0.0
				Total Patient Days	3,288
TOTAL DISCHARGES:	40	ADMISSIONS BY			
		PAY SOURCE		12/31/99 CASELOAD	
		Medicare	87.2%	BY LIVING ARRANGEMENTS	
		Medicaid	5.1	Home/private	
REASON FOR		Medicare/Medicaid	0.0	residence	100.0%
DISCHARGE:		Managed Care/HMO	0.0	Nursing home	0.0
Hospice care not		PACE/Partnership	0.0	Hospice residential	
appropriate	0.0%	Private Insurance	7.7	facility	0.0
Transferred:		Self Pay	0.0	Assisted living:	
provided by		Other	0.0	Residential care	
another hospice	2.5	Total Admissions	39	apartment complex	0.0
Revocation of				Adult family home	0.0
hospice benefit	12.5			Community-based	
Other	0.0			residential facility	0.0
Deaths	85.0	DEATHS BY SITE		Inpatient facility	0.0
Total Discharges	40	OF OCCURRENCE		Other site	0.0
				12/31/99 Caseload	4
DISCHARGES BY		Home/private residence	94.1%	12/31/99 CASELOAD	
LENGTH OF STAY		Nursing home	0.0	BY PAY SOURCE	
		Hospice residential		Medicare	75.0%
		facility	0.0	Medicaid	25.0
1 - 7 days	17.5%	Assisted living:		Medicare/Medicaid	0.0
8 - 14 days	22.5	Residential care		Managed Care/HMO	0.0
15 - 30 days	22.5	apartment complex	0.0	PACE/Partnership	0.0
31 - 60 days	7.5	Adult family home	0.0	Private Insurance	0.0
61 - 90 days	15.0	Community-based		Self Pay	0.0
91 - 180 days	5.0	residential facility	2.9	Other	0.0
181 - 1 year	5.0	Inpatient facility	0.0	12/31/99 Caseload	4
1 yr. or more	5.0	Other site	2.9		
Total Discharges	40	Total Deaths	34		

Affinity Visiting Nurses Hospice
 515 South Washburn, Suite 206
 Oshkosh WI 54904

License Number: 1526
 County: Winnebago
 (920) 236-8500

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	45
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	275
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	34

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	9.8
55 to 64	13.8
65 to 74	21.8
75 to 84	33.5
85 to 94	16.7
95 & over	4.4
Total Patients	275
Male	46.5%
Female	53.5
Total Patients	275

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	72.0%
End-stage cardio-vascular disease	10.2
End-stage pulmonary disease	3.6
Renal failure/end-stage kidney disease	2.5
Diabetes	0.0
Alzheimer's disease	5.5
AIDS	0.0
ALS	0.4
Other	5.8
Total Patients	275

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	64.0%
Hospital	25.5
Self-referral	0.4
Patient's family	3.3
Home health agency	0.7
Other	6.2
Total Patients	275

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	99.6%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.2
Respite care	0.2
Total Patient Days	12,515

TOTAL ADMISSIONS: 249

TOTAL DISCHARGES: 231

**ADMISSIONS BY
PAY SOURCE**

Medicare	77.5%
Medicaid	1.2
Medicare/Medicaid	0.0
Managed Care/HMO	20.1
PACE/Partnership	0.0
Private Insurance	0.0
Self Pay	1.2
Other	0.0
Total Admissions	249

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	6.1%
Transferred: provided by another hospice	0.9
Revocation of hospice benefit	8.7
Other	0.0
Deaths	84.4
Total Discharges	231

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	84.6%
Nursing home	6.7
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.5
Adult family home	3.1
Community-based residential facility	4.6
Inpatient facility	0.5
Other site	0.0
Total Deaths	195

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	88.9%
Nursing home	6.7
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	2.2
Community-based residential facility	2.2
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	45

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	23.4%
8 - 14 days	14.7
15 - 30 days	18.2
31 - 60 days	21.2
61 - 90 days	8.7
91 - 180 days	6.5
181 - 1 year	7.4
1 yr. or more	0.0
Total Discharges	231

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	73.3%
Medicaid	2.2
Medicare/Medicaid	0.0
Managed Care/HMO	15.6
PACE/Partnership	0.0
Private Insurance	6.7
Self Pay	2.2
Other	0.0
12/31/99 Caseload	45

Hospice Program-St. Joseph's Hospital
611 St. Joseph Avenue
Marshfield WI 54449

License Number: 1516
County: Wood
(715) 387-7052

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	40
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	252
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	38

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	0.0%	Malignant neoplasm		Physician	95.6%
20 to 54	9.5	(cancer)	72.2%	Hospital	1.2
55 to 64	10.3	End-stage cardio-		Self-referral	1.2
65 to 74	21.4	vascular disease	13.1	Patient's family	2.0
75 to 84	37.3	End-stage pulmonary		Home health agency	0.0
85 to 94	17.1	disease	6.3	Other	0.0
95 & over	4.4	Renal failure/end-stage		Total Patients	252
Total Patients	252	kidney disease	2.0		
		Diabetes	0.0		
Male	48.8%	Alzheimer's disease	1.6	PATIENT DAYS BY	
Female	51.2	AIDS	0.0	LEVEL OF CARE	
Total Patients	252	ALS	1.6		
		Other	3.2	Routine home care	96.0%
		Total Patients	252	Continuous care	0.0
				Inpatient care: acute	
				symptom mgmt.	2.8
				Respite care	1.2
				Total Patient Days	13,866
TOTAL ADMISSIONS:	207				
		ADMISSIONS BY			
		PAY SOURCE		12/31/99 CASELOAD	
				BY LIVING ARRANGEMENTS	
		Medicare	85.0%		
		Medicaid	1.9	Home/private	
REASON FOR		Medicare/Medicaid	0.0	residence	67.5%
DISCHARGE:		Managed Care/HMO	0.0	Nursing home	5.0
		PACE/Partnership	0.0	Hospice residential	
Hospice care not		Private Insurance	12.6	facility	20.0
appropriate	0.5%	Self Pay	0.5	Assisted living:	
Transferred:		Other	0.0	Residential care	
provided by		Total Admissions	207	apartment complex	0.0
another hospice	1.4			Adult family home	0.0
Revocation of				Community-based	
hospice benefit	5.2			residential facility	0.0
Other	0.0			Inpatient facility	7.5
Deaths	92.9			Other site	0.0
Total Discharges	212			12/31/99 Caseload	40
		DEATHS BY SITE			
		OF OCCURRENCE			
		Home/private residence	44.2%	12/31/99 CASELOAD	
		Nursing home	15.7	BY PAY SOURCE	
		Hospice residential			
		facility	22.8	Medicare	100.0%
		Assisted living:		Medicaid	0.0
		Residential care		Medicare/Medicaid	0.0
		apartment complex	0.0	Managed Care/HMO	0.0
		Adult family home	0.0	PACE/Partnership	0.0
		Community-based		Private Insurance	0.0
		residential facility	3.0	Self Pay	0.0
		Inpatient facility	14.2	Other	0.0
		Other site	0.0		
		Total Deaths	197	12/31/99 Caseload	40
DISCHARGES BY					
LENGTH OF STAY					
1 - 7 days	17.0%				
8 - 14 days	10.8				
15 - 30 days	21.7				
31 - 60 days	17.0				
61 - 90 days	11.3				
91 - 180 days	13.2				
181 - 1 year	4.7				
1 yr. or more	4.2				
Total Discharges	212				

Hospice Of Dubuque
2255 JFK Road, Asbury Square
Dubuque IA 52002

License Number: 562
County: Out of State
(319) 582-1220

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	1
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	11
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	2

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	0.0%	Malignant neoplasm		Physician	72.7%
20 to 54	18.2	(cancer)	63.6%	Hospital	18.2
55 to 64	0.0	End-stage cardio-		Self-referral	0.0
65 to 74	63.6	vascular disease	27.3	Patient's family	9.1
75 to 84	18.2	End-stage pulmonary		Home health agency	0.0
85 to 94	0.0	disease	9.1	Other	0.0
95 & over	0.0	Renal failure/end-stage		Total Patients	11
Total Patients	11	kidney disease	0.0		
		Diabetes	0.0		
Male	18.2%	Alzheimer's disease	0.0	PATIENT DAYS BY	
Female	81.8	AIDS	0.0	LEVEL OF CARE	
Total Patients	11	ALS	0.0	Routine home care	99.1%
		Other	0.0	Continuous care	0.1
		Total Patients	11	Inpatient care: acute	
				symptom mgmt.	0.8
TOTAL ADMISSIONS:	9			Respite care	0.0
				Total Patient Days	912
		ADMISSIONS BY			
TOTAL DISCHARGES:	10	PAY SOURCE		12/31/99 CASELOAD	
		Medicare	88.9%	BY LIVING ARRANGEMENTS	
		Medicaid	0.0	Home/private	
REASON FOR		Medicare/Medicaid	0.0	residence	100.0%
DISCHARGE:		Managed Care/HMO	0.0	Nursing home	0.0
Hospice care not		PACE/Partnership	0.0	Hospice residential	
appropriate	0.0%	Private Insurance	11.1	facility	0.0
Transferred:		Self Pay	0.0	Assisted living:	
provided by		Other	0.0	Residential care	
another hospice	0.0	Total Admissions	9	apartment complex	0.0
Revocation of				Adult family home	0.0
hospice benefit	0.0			Community-based	
Other	0.0			residential facility	0.0
Deaths	100.0	DEATHS BY SITE		Inpatient facility	0.0
Total Discharges	10	OF OCCURRENCE		Other site	0.0
				12/31/99 Caseload	1
		Home/private residence	90.0%		
DISCHARGES BY		Nursing home	0.0	12/31/99 CASELOAD	
LENGTH OF STAY		Hospice residential		BY PAY SOURCE	
1 - 7 days	20.0%	facility	0.0	Medicare	100.0%
8 - 14 days	30.0	Assisted living:		Medicaid	0.0
15 - 30 days	10.0	Residential care		Medicare/Medicaid	0.0
31 - 60 days	0.0	apartment complex	0.0	Managed Care/HMO	0.0
61 - 90 days	0.0	Adult family home	0.0	PACE/Partnership	0.0
91 - 180 days	20.0	Community-based		Private Insurance	0.0
181 - 1 year	10.0	residential facility	0.0	Self Pay	0.0
1 yr. or more	10.0	Inpatient facility	10.0	Other	0.0
Total Discharges	10	Other site	0.0	12/31/99 Caseload	1
		Total Deaths	10		

St. Luke's Hospice Duluth
810 East Fourth Street
Duluth MN 55805

License Number: 537
County: Out of State
(218) 279-6100

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	1
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	7
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	1

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	0.0%	Malignant neoplasm		Physician	100.0%
20 to 54	14.3	(cancer)	85.7%	Hospital	0.0
55 to 64	14.3	End-stage cardio-		Self-referral	0.0
65 to 74	28.6	vascular disease	14.3	Patient's family	0.0
75 to 84	42.9	End-stage pulmonary		Home health agency	0.0
85 to 94	0.0	disease	0.0	Other	0.0
95 & over	0.0	Renal failure/end-stage		Total Patients	7
Total Patients	7	kidney disease	0.0		
		Diabetes	0.0		
Male	71.4%	Alzheimer's disease	0.0	PATIENT DAYS BY	
Female	28.6	AIDS	0.0	LEVEL OF CARE	
Total Patients	7	ALS	0.0	Routine home care	89.8%
		Other	0.0	Continuous care	0.0
		Total Patients	7	Inpatient care: acute	
				symptom mgmt.	10.2
TOTAL ADMISSIONS:	7			Respite care	0.0
				Total Patient Days	246
		ADMISSIONS BY			
TOTAL DISCHARGES:	6	PAY SOURCE		12/31/99 CASELOAD	
		Medicare	71.4%	BY LIVING ARRANGEMENTS	
		Medicaid	14.3	Home/private	
REASON FOR		Medicare/Medicaid	0.0	residence	100.0%
DISCHARGE:		Managed Care/HMO	0.0	Nursing home	0.0
Hospice care not		PACE/Partnership	0.0	Hospice residential	
appropriate	0.0%	Private Insurance	14.3	facility	0.0
Transferred:		Self Pay	0.0	Assisted living:	
provided by		Other	0.0	Residential care	
another hospice	0.0	Total Admissions	7	apartment complex	0.0
Revocation of				Adult family home	0.0
hospice benefit	16.7			Community-based	
Other	0.0			residential facility	0.0
Deaths	83.3	DEATHS BY SITE		Inpatient facility	0.0
Total Discharges	6	OF OCCURRENCE		Other site	0.0
				12/31/99 Caseload	1
		Home/private residence	60.0%		
DISCHARGES BY		Nursing home	0.0	12/31/99 CASELOAD	
LENGTH OF STAY		Hospice residential		BY PAY SOURCE	
1 - 7 days	33.3%	facility	0.0	Medicare	0.0%
8 - 14 days	33.3	Assisted living:		Medicaid	0.0
15 - 30 days	16.7	Residential care		Medicare/Medicaid	0.0
31 - 60 days	0.0	apartment complex	0.0	Managed Care/HMO	0.0
61 - 90 days	0.0	Adult family home	0.0	PACE/Partnership	0.0
91 - 180 days	16.7	Community-based		Private Insurance	100.0
181 - 1 year	0.0	residential facility	0.0	Self Pay	0.0
1 yr. or more	0.0	Inpatient facility	40.0	Other	0.0
Total Discharges	6	Other site	0.0	12/31/99 Caseload	1
		Total Deaths	5		

St. Mary's Hospice
407 East Third Street
Duluth MN 55805

License Number: 535
County: Out of State
(218) 786-4004

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	9
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	82
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	11

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	1.2%
20 to 54	6.1
55 to 64	14.6
65 to 74	25.6
75 to 84	35.4
85 to 94	17.1
95 & over	0.0
Total Patients	82
Male	53.7%
Female	46.3
Total Patients	82

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	78.0%
End-stage cardio-vascular disease	7.3
End-stage pulmonary disease	9.8
Renal failure/end-stage kidney disease	1.2
Diabetes	1.2
Alzheimer's disease	1.2
AIDS	0.0
ALS	0.0
Other	1.2
Total Patients	82

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	51.2%
Hospital	32.9
Self-referral	1.2
Patient's family	4.9
Home health agency	4.9
Other	4.9
Total Patients	82

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	92.3%
Continuous care	0.2
Inpatient care: acute symptom mgmt.	6.9
Respite care	0.6
Total Patient Days	4,176

TOTAL ADMISSIONS: 77

TOTAL DISCHARGES: 79

**ADMISSIONS BY
PAY SOURCE**

Medicare	84.4%
Medicaid	3.9
Medicare/Medicaid	1.3
Managed Care/HMO	1.3
PACE/Partnership	0.0
Private Insurance	5.2
Self Pay	0.0
Other	3.9
Total Admissions	77

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	11.4%
Transferred: provided by another hospice	1.3
Revocation of hospice benefit	10.1
Other	0.0
Deaths	77.2
Total Discharges	79

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	59.0%
Nursing home	9.8
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	31.1
Other site	0.0
Total Deaths	61

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	88.9%
Nursing home	11.1
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	9

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	15.2%
8 - 14 days	16.5
15 - 30 days	17.7
31 - 60 days	22.8
61 - 90 days	10.1
91 - 180 days	10.1
181 - 1 year	7.6
1 yr. or more	0.0
Total Discharges	79

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	88.9%
Medicaid	11.1
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	0.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	9

Marquette General Home Health & Hospice
 Doctors Park, Suite 101
 Escanaba MI 49829

License Number: 551
 County: Out of State
 (906) 228-4325

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	1
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	9
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	1

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	0.0
55 to 64	44.4
65 to 74	11.1
75 to 84	33.3
85 to 94	11.1
95 & over	0.0
Total Patients	9
Male	44.4%
Female	55.6
Total Patients	9

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm	
(cancer)	66.7%
End-stage cardio-	
vascular disease	22.2
End-stage pulmonary	
disease	11.1
Renal failure/end-stage	
kidney disease	0.0
Diabetes	0.0
Alzheimer's disease	0.0
AIDS	0.0
ALS	0.0
Other	0.0
Total Patients	9

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	55.6%
Hospital	33.3
Self-referral	0.0
Patient's family	11.1
Home health agency	0.0
Other	0.0
Total Patients	9

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	100.0%
Continuous care	0.0
Inpatient care: acute	
symptom mgmt.	0.0
Respite care	0.0
Total Patient Days	544

TOTAL ADMISSIONS: 8

TOTAL DISCHARGES: 8

**ADMISSIONS BY
PAY SOURCE**

Medicare	75.0%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	12.5
Self Pay	12.5
Other	0.0
Total Admissions	8

**REASON FOR
DISCHARGE:**

Hospice care not	
appropriate	12.5%
Transferred:	
provided by	
another hospice	12.5
Revocation of	
hospice benefit	12.5
Other	0.0
Deaths	62.5
Total Discharges	8

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	100.0%
Nursing home	0.0
Hospice residential	
facility	0.0
Assisted living:	
Residential care	
apartment complex	0.0
Adult family home	0.0
Community-based	
residential facility	0.0
Inpatient facility	0.0
Other site	0.0
Total Deaths	5

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private	
residence	100.0%
Nursing home	0.0
Hospice residential	
facility	0.0
Assisted living:	
Residential care	
apartment complex	0.0
Adult family home	0.0
Community-based	
residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	1

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	25.0%
8 - 14 days	37.5
15 - 30 days	0.0
31 - 60 days	12.5
61 - 90 days	12.5
91 - 180 days	0.0
181 - 1 year	12.5
1 yr. or more	0.0
Total Discharges	8

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	100.0%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	0.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	1

Red Wing Regional Hospice
434 West 4th, Suite 200
Red Wing MN 55066

License Number: 540
County: Out of State
(651) 385-3410

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	9
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	64
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	5

AGE AND SEX OF UNDUPLICATED PATIENT COUNT		PRINCIPAL DIAGNOSIS OF UNDUPLICATED PATIENT COUNT		REFERRAL SOURCE OF UNDUPLICATED PATIENT COUNT	
Under 20	0.0%	Malignant neoplasm		Physician	. %
20 to 54	10.9	(cancer)	62.5%	Hospital	.
55 to 64	6.3	End-stage cardio-		Self-referral	.
65 to 74	15.6	vascular disease	14.1	Patient's family	.
75 to 84	34.4	End-stage pulmonary		Home health agency	.
85 to 94	31.3	disease	4.7	Other	.
95 & over	1.6	Renal failure/end-stage		Total Patients	64
Total Patients	64	kidney disease	4.7		
		Diabetes	0.0		
Male	37.5%	Alzheimer's disease	0.0	PATIENT DAYS BY	
Female	62.5	AIDS	0.0	LEVEL OF CARE	
Total Patients	64	ALS	0.0		
		Other	14.1	Routine home care	99.4%
		Total Patients	64	Continuous care	0.0
				Inpatient care: acute	
				symptom mgmt.	0.2
				Respite care	0.3
				Total Patient Days	1,793
TOTAL ADMISSIONS:	61				
		ADMISSIONS BY			
		PAY SOURCE			
		Medicare	62.3%	12/31/99 CASELOAD	
		Medicaid	3.3	BY LIVING ARRANGEMENTS	
REASON FOR		Medicare/Medicaid	0.0	Home/private	
DISCHARGE:		Managed Care/HMO	0.0	residence	55.6%
		PACE/Partnership	0.0	Nursing home	33.3
Hospice care not		Private Insurance	14.8	Hospice residential	
appropriate	3.6%	Self Pay	0.0	facility	0.0
Transferred:		Other	19.7	Assisted living:	
provided by		Total Admissions	61	Residential care	
another hospice	1.8			apartment complex	11.1
Revocation of				Adult family home	0.0
hospice benefit	7.1			Community-based	
Other	0.0			residential facility	0.0
Deaths	87.5			Inpatient facility	0.0
Total Discharges	56			Other site	0.0
		DEATHS BY SITE		12/31/99 Caseload	9
		OF OCCURRENCE			
		Home/private residence	59.2%		
		Nursing home	40.8	12/31/99 CASELOAD	
		Hospice residential		BY PAY SOURCE	
		facility	0.0	Medicare	55.6%
1 - 7 days	32.1%	Assisted living:		Medicaid	0.0
8 - 14 days	21.4	Residential care		Medicare/Medicaid	0.0
15 - 30 days	16.1	apartment complex	0.0	Managed Care/HMO	0.0
31 - 60 days	8.9	Adult family home	0.0	PACE/Partnership	0.0
61 - 90 days	10.7	Community-based		Private Insurance	22.2
91 - 180 days	7.1	residential facility	0.0	Self Pay	0.0
181 - 1 year	1.8	Inpatient facility	0.0	Other	22.2
1 yr. or more	1.8	Other site	0.0	12/31/99 Caseload	9
Total Discharges	56	Total Deaths	49		

Mayo Hospice Program
200 1st Street SW
Rochester MN 55905

License Number: 534
County: Out of State
(507) 284-4002

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	30
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	192
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	30

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	1.0%
20 to 54	9.9
55 to 64	16.1
65 to 74	29.7
75 to 84	28.1
85 to 94	13.5
95 & over	1.6
Total Patients	192
Male	57.3%
Female	42.7
Total Patients	192

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	75.5%
End-stage cardio-vascular disease	5.2
End-stage pulmonary disease	5.7
Renal failure/end-stage kidney disease	2.1
Diabetes	0.0
Alzheimer's disease	1.0
AIDS	0.0
ALS	1.0
Other	9.4
Total Patients	192

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	33.3%
Hospital	0.0
Self-referral	0.0
Patient's family	25.5
Home health agency	0.0
Other	41.1
Total Patients	192

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	98.1%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	1.5
Respite care	0.4
Total Patient Days	10,781

TOTAL ADMISSIONS: 169

TOTAL DISCHARGES: 164

**ADMISSIONS BY
PAY SOURCE**

Medicare	64.5%
Medicaid	4.1
Medicare/Medicaid	10.1
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	21.3
Self Pay	0.0
Other	0.0
Total Admissions	169

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	1.8%
Transferred: provided by another hospice	4.9
Revocation of hospice benefit	5.5
Other	0.0
Deaths	87.8
Total Discharges	164

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	76.4%
Nursing home	13.9
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	1.4
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	8.3
Total Deaths	144

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	86.7%
Nursing home	13.3
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	30

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	23.8%
8 - 14 days	14.0
15 - 30 days	17.1
31 - 60 days	18.9
61 - 90 days	9.1
91 - 180 days	11.0
181 - 1 year	4.3
1 yr. or more	1.8
Total Discharges	164

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	66.7%
Medicaid	3.3
Medicare/Medicaid	16.7
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	13.3
Self Pay	0.0
Other	0.0
12/31/99 Caseload	30

Lakeview Hospice
5620 Memorial Avenue, North
Stillwater MN 55082

License Number: 548
County: Out of State
(651) 430-3320

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	12
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	87
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	8

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	1.1
55 to 64	20.7
65 to 74	32.2
75 to 84	28.7
85 to 94	17.2
95 & over	0.0
Total Patients	87
Male	59.8%
Female	40.2
Total Patients	87

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	89.7%
End-stage cardio-vascular disease	5.7
End-stage pulmonary disease	4.6
Renal failure/end-stage kidney disease	0.0
Diabetes	0.0
Alzheimer's disease	0.0
AIDS	0.0
ALS	0.0
Other	0.0
Total Patients	87

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	26.4%
Hospital	55.2
Self-referral	6.9
Patient's family	0.0
Home health agency	2.3
Other	9.2
Total Patients	87

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	98.8%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.2
Respite care	1.0
Total Patient Days	2,865

TOTAL ADMISSIONS: 74

TOTAL DISCHARGES: 75

**ADMISSIONS BY
PAY SOURCE**

Medicare	87.8%
Medicaid	5.4
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	5.4
Self Pay	0.0
Other	1.4
Total Admissions	74

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	0.0%
Transferred: provided by another hospice	0.0
Revocation of hospice benefit	2.7
Other	17.3
Deaths	80.0
Total Discharges	75

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	90.0%
Nursing home	10.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
Total Deaths	60

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	100.0%
Nursing home	0.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	12

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	. %
8 - 14 days	.
15 - 30 days	.
31 - 60 days	.
61 - 90 days	.
91 - 180 days	.
181 - 1 year	.
1 yr. or more	.
Total Discharges	75

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	83.3%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	16.7
Self Pay	0.0
Other	0.0
12/31/99 Caseload	12

Winona Area Hospice Services

175 East Wabasha
Winona MN 55987

License Number: 561

County: Out of State
(507) 457-4468

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Ownership of Hospice	Nonprofit	December 31, 1999 Caseload:	1
Title 18 (Medicare) Certified?	Yes	Unduplicated Patient Count for 1999:	4
Title 19 (Medicaid) Certified?	Yes	Average Daily Census:	1

**AGE AND SEX OF
UNDUPLICATED
PATIENT COUNT**

Under 20	0.0%
20 to 54	0.0
55 to 64	50.0
65 to 74	0.0
75 to 84	25.0
85 to 94	25.0
95 & over	0.0
Total Patients	4
Male	75.0%
Female	25.0
Total Patients	4

**PRINCIPAL DIAGNOSIS
OF UNDUPLICATED
PATIENT COUNT**

Malignant neoplasm (cancer)	100.0%
End-stage cardio- vascular disease	0.0
End-stage pulmonary disease	0.0
Renal failure/end-stage kidney disease	0.0
Diabetes	0.0
Alzheimer's disease	0.0
AIDS	0.0
ALS	0.0
Other	0.0
Total Patients	4

**REFERRAL SOURCE OF
UNDUPLICATED
PATIENT COUNT**

Physician	25.0%
Hospital	0.0
Self-referral	0.0
Patient's family	0.0
Home health agency	75.0
Other	0.0
Total Patients	4

**PATIENT DAYS BY
LEVEL OF CARE**

Routine home care	100.0%
Continuous care	0.0
Inpatient care: acute symptom mgmt.	0.0
Respite care	0.0
Total Patient Days	220

TOTAL ADMISSIONS: 4**TOTAL DISCHARGES:** 3**ADMISSIONS BY
PAY SOURCE**

Medicare	75.0%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	25.0
Self Pay	0.0
Other	0.0
Total Admissions	4

**REASON FOR
DISCHARGE:**

Hospice care not appropriate	0.0%
Transferred: provided by another hospice	0.0
Revocation of hospice benefit	0.0
Other	0.0
Deaths	100.0
Total Discharges	3

**DEATHS BY SITE
OF OCCURRENCE**

Home/private residence	33.3%
Nursing home	66.7
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
Total Deaths	3

**DISCHARGES BY
LENGTH OF STAY**

1 - 7 days	0.0%
8 - 14 days	33.3
15 - 30 days	0.0
31 - 60 days	33.3
61 - 90 days	0.0
91 - 180 days	33.3
181 - 1 year	0.0
1 yr. or more	0.0
Total Discharges	3

**12/31/99 CASELOAD
BY LIVING ARRANGEMENTS**

Home/private residence	100.0%
Nursing home	0.0
Hospice residential facility	0.0
Assisted living: Residential care apartment complex	0.0
Adult family home	0.0
Community-based residential facility	0.0
Inpatient facility	0.0
Other site	0.0
12/31/99 Caseload	1

**12/31/99 CASELOAD
BY PAY SOURCE**

Medicare	100.0%
Medicaid	0.0
Medicare/Medicaid	0.0
Managed Care/HMO	0.0
PACE/Partnership	0.0
Private Insurance	0.0
Self Pay	0.0
Other	0.0
12/31/99 Caseload	1

Indices of Hospice Profiles

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28	521	St. Mary's Hospital of Milwaukee-Hospice Unit	Milwaukee	Milwaukee
32	522	Sacred Heart-St. Mary's Hosp. Hsp.	Rhineland	Oneida
20	524	LeRoy Hospice	Antigo	Langlade
24	525	Horizon Homecare & Hospice, Inc.	Brown Deer	Milwaukee
1	526	Regional Hospice Services	Ashland	Ashland
49	527	Rolland Nelson Crossroads Hospice	Hartland	Waukesha
18	528	Gundersen Lutheran Hospice Program	La Crosse	La Crosse
44	529	VNA of WI Hospice-Sheboygan	Sheboygan	Sheboygan
31	531	Hospice Touch	Tomah	Monroe
43	532	Community Home Hospice	Sheboygan	Sheboygan
58	534	Mayo Hospice Program	Rochester	Out of State
55	535	St. Mary's Hospice	Duluth	Out of State
50	536	Hospice Program of Waupaca County	Waupaca	Waupaca
54	537	St. Luke's Hospice Duluth	Duluth	Out of State
19	538	Lafayette County Hospice	Darlington	Lafayette
57	540	Red Wing Regional Hospice	Red Wing	Out of State
39	544	Mercy Assisted Care, Inc.	Janesville	Rock
14	545	Lifeline Community Hospice	Dodgeville	Iowa
48	547	Vitas Healthcare Corporation	Brookfield	Waukesha
59	548	Lakeview Hospice	Stillwater	Out of State
26	549	Hospice Preferred Choice	Milwaukee	Milwaukee
56	551	Marquette General Home Health & Hospice	Escanaba	Out of State
36	552	Flambeau Home Health & Hospice	Phillips	Price
47	553	Odyssey Healthcare of Milwaukee, Inc.	Brookfield	Waukesha
5	554	Calumet Medical Center-Hospice	Chilton	Calumet
2	555	Lakeview Medical Center	Rice Lake	Barron
25	556	Covenant Hospice/Palliative Care	Milwaukee	Milwaukee
4	557	Calumet County Hospice Agency	Chilton	Calumet
60	561	Winona Area Hospice Services	Winona	Out of State
53	562	Hospice Of Dubuque	Dubuque	Out of State
30	1500	Milwaukee Hospice Home Care & Residence	Wauwatosa	Milwaukee
16	1502	Hospice Alliance, Inc.	Kenosha	Kenosha
3	1503	Unity Hospice	Green Bay	Brown
34	1504	Thedacare at Home	Neenah	Outagamie
8	1505	Hospicecare, Inc.	Madison	Dane
17	1507	Franciscan Skemp Hospice Services	La Crosse	La Crosse
22	1508	Manitowoc County Community Hospice	Manitowoc	Manitowoc
33	1509	Dr. Kate-Lakeland Hospice	Woodruff	Oneida
11	1512	St. Agnes Hospital Hospice Hope	Fond du Lac	Fond du Lac
7	1513	Prairie du Chien Hospice	Prairie du Chien	Crawford
23	1514	Comfort Care & Hospice Services	Wausau	Marathon
52	1516	Hospice Program-St. Joseph's Hospital	Marshfield	Wood
45	1517	Hope Hospice, Inc.	Rib Lake	Taylor
9	1518	Hillside Home Care/Hospice	Beaver Dam	Dodge
10	1519	Northwest Wisconsin Homecare Hospice	Eau Claire	Eau Claire
40	1521	Heartland Hospice	Hammond	St. Croix
41	1522	Home Health United Hospice, Inc.	Baraboo	Sauk
13	1523	The Monroe Clinic Hospice	Monroe	Green
6	1524	St. Joseph's Hospice	Chippewa Falls	Chippewa
38	1525	Beloit Regional Hospice, Inc.	Beloit	Rock
51	1526	Affinity Visiting Nurses Hospice	Oshkosh	Winnebago
21	1527	Holy Family Medical Hospice	Manitowoc	Manitowoc
29	1528	VNA of Wisconsin Hospice	Milwaukee	Milwaukee
37	2001	Richland Hospice	Richland Center	Richland
27	2002	Ruth Hospice	Milwaukee	Milwaukee